BOOK REVIEWS


Jesse Edwards' many contributions to the field of cardiac morphology and pathology have always been characterized by his exceptional ability to integrate the clinical and physiologic aspects of cardiac disease into the framework of pathologic anatomy. The present three-volume atlas retains a strong clinical flavor which is intimately interwoven into the text. For this reason alone the atlas should prove to be a nearly indispensable tool for the student, the teacher, and the investigator. All three volumes acknowledge the assistance and inspiration of Dr. Edwards' medical co-workers, but in spite of the emphasis on clinical correlation the work has retained its primary objective—the presentation of the pathologic anatomy of acquired lesions of the heart and great vessels. This is as it should be, and comments pointing to certain necessary simplifications in the presentation of the clinical data are not justified, since the objective of this collection is primarily anatomic.

The presentation is always thorough, and the grouping of the abundant case material is unusual and interesting. Volume I, devoted to valvular and pericardial diseases, devotes over 60 pages and 100 illustrations to mitral stenosis alone, dividing the topic into straight anatomic presentations, anatomic expressions of functional derangements (jet lesions, tracheal and esophageal abnormalities, pulmonary vascular changes including lymphatics), and complications and aspects of differential diagnosis. Other valvular lesions are handled similarly, often with striking emphasis on generally not well emphasized pathologic changes—as for example, the demonstration of pulmonary venous and arteriolar hypertrophy in advanced aortic stenosis. There are, of course, many (perhaps too many?) examples of acute and subacute bacterial endocarditis including 30 pages of examples of healed endocarditis.

The second volume deals primarily with coronary artery disease, myocardial infarction, and hypertension, subjects that cover two thirds of this volume. The many coronal sections of myocardium in the chapters on infarction occasionally suffer from lack of clear distinction of normal and abnormal zones in spite of the excellent black and white photography. A few colored plates would have enhanced the value of the presentation. The volume concludes with a section on various forms of cor pulmonale including cases of obesity hypoventilation, idiopathic pulmonary fibrosis, and amyloid disease. The third volume presents a variety of lesions of the large vessels, including diseases of the aorta, pulmonary artery, veins, and thoracic duct.

Printing and reproductions are of high caliber, and the careful editing and type setting are a credit to the publisher. A complete index for all three volumes is found at the end of each single volume. This is unquestionably a major contribution to the cardiovascular literature, and will remain so for a long time to come.

HANS H. HECHT, M.D.

Heart, Kidney and Electrolytes. Edited by Charles K. Friedberg. New York, Grune & Stratton, Inc., 1962, 420 pages, illustrated. $11.75. This collection of 21 papers, each written by an authority in his field, comprises a series of critical and comprehensive reviews of those areas in renal physiology and electrolyte metabolism that are being most actively studied at the present time. The book begins with a description and analysis of the renal counter-current system, covering both the evidence for such a system and the manner in which it functions. This is followed by a lucid description of stop flow analysis and its use in localizing renal tubular functions. The contributions of micropuncture techniques to understanding the functional characteristics of the renal tubular epithelium are covered in a paper on electrical phenomena of the tubular epithelium. Other basic concepts of renal physiology are summarized in papers dealing with urinary acidification, transport mechanisms in the toad bladder, and cellular actions of antidiuretic hormone.

The data supporting the concept of volume receptors are reviewed as well as data concerning the mechanisms of control of aldosterone and sodi-

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um excretion. Several papers are directed toward the problems of the pathogenesis of edema and hyponatremia, practically all of the pertinent literature being covered. Other clinically oriented articles include the aberrations of renal function in congestive heart failure, the mechanisms of action of diuretics, and renal blood flow in congestive heart failure. Finally, there are reviews of renal function in unilateral renal hypertension, the functional disorders of chronic renal disease, and histopathologic studies of the nephrotic syndrome.

This book is recommended without reservation to anyone who wishes to have a concise summary of the recent significant advances in renal physiology and electrolyte metabolism.

A. R. Lavender, M.D.


The authors present details of their experiences with transbronchial left heart catheterization carried out in 93 patients with valvular heart disease. They include data obtained by conventional right heart catheterization and by left heart catheterization performed by methods other than the transbronchial approach. Death occurred after transbronchial left heart catheterization in two patients.

The technique of transbronchial left atrial puncture is described in detail, together with the equipment used. Emphasis is placed, justifiably, on the increased value of simultaneously recorded pressures, and the authors prefer to record, with equal sensitivity, pressure pulses from two or three different sites. The frequency-response characteristics of the recording systems were not tested, but they were believed to be adequate. "Pressure difference curves" were recorded by electronically subtracting the output of the transducer measuring, for example, left ventricular pressure from that measuring left atrial pressure in patients with mitral stenosis. These curves were considered of value in timing intracardiac events.

Determinations of cardiac output were not made in this group of 93 patients.

The data obtained in the 41 patients with mitral stenosis are the most complete; data are least adequate for the patients with mitral insufficiency. The authors believe that the severity of mitral regurgitation is better estimated by methods other than transbronchial left heart catheterization—for example, the injection of a radioopaque substance into the left ventricle. Indicator-dilution techniques were not employed in their studies.

Data are presented in relatively few patients with aortic valve disease. The typical central and peripheral pulse findings in aortic stenosis and aortic insufficiency are described. In the authors' opinion, the transbronchial approach is the currently preferred method of left heart catheterization in the preoperative study of patients with aortic stenosis, except in children, in whom retrograde arterial catheterization or percutaneous left ventricular puncture is best employed.

The authors present their data compactly, the illustrations are good, and pertinent correlations are made between left heart pressures, and phonocardiographic and clinical findings. There is little new information, and the work is not (and was not intended to be) a comprehensive treatise on left heart catheterization.

Most cardiologists would agree that measurement of the gradient across the mitral valve by means of left heart catheterization provides the most direct measure of the degree of obstruction at the valve, but most would probably feel also that left heart catheterization is not now necessary preoperatively in the average case of uncomplicated advanced mitral stenosis.

The authors believe that transbronchial puncture may be the safest method of left heart catheterization, although it is the most trying from the patient's standpoint. Their recent favorable experience suggests that transseptal puncture may be a better technique.

Daniel C. Connolly, M.D.


The purpose of this book is to give in one place a review of the previous and current knowledge of the postthrombophlebitic syndrome and the best techniques available for treatment. The author states that little has been written as to why one patient will develop a deep venous thrombosis with varying degrees of disability and another individual under fairly similar circumstances does not develop thrombosis. He states that little consideration is given in the literature to the reasons for this and implies that he will give information about this as well as give detailed consideration as to the newer surgical procedures that are offered to correct the postthrombophlebitic syndrome. The monograph is intended to give all physicians a better understanding of the problem and of the best type of treatment of the postthrombophlebitic state.

The book begins with an excellent discussion of the historical aspects, and much information, probably not available elsewhere, is presented in this chapter. The author considers the postthrombophlebitic syndrome to be a disease of modern civilization but he bases this only on the absence of any accounts of it in the ancient literature.
or any illustrations of swollen legs or stasis lesions in art productions of ancient and medieval times. The lack of recorded information about the condition does not seem adequate reason for considering it a recent disease process as one can think of several diseases that we know were prevalent during ancient and medieval times, but that were not often recorded in extant contemporary writings or art productions.

Chapter two concerns the importance of the postthrombophlebitic state as an economic problem, in regard to its effect on the supply of labor and the income of the individual. The data presented do not convince me “that the postthrombophlebitic syndrome creates a gigantic problem throughout the civilized world.” The over-all figures given would indicate that no more than one half of one per cent of the working population are disabled with this condition at the same time. Also the title of “Medical Economics” for this chapter seems poorly chosen, as it is not a consideration of the effect of the postthrombophlebitic condition on the practice of medicine but rather of its effect on the working conditions of the general population.

Throughout the book there is a tendency by the author to speak in superlatives such as “gigantic problem” (in regard to the working population), “extreme importance” (in regard to sludging of the blood), “marked significance” (in regard to stasis in small vessels), “extremely variable” (in regard to pain as a symptom), “profound tissue changes” (in regard to chronic ulcers), and “astronomical” (in regard to preparations used for treatment of ulcers). The chief objection to such writing is that words tend to lose their real meaning, but also, in this instance, they do not describe the true situation in regard to the aspects of the postthrombophlebitic syndrome that are being considered.

Even more distressing, however, is the occurrence of several instances in which conclusions are drawn from the literature that are not in accord with the statements of the authors of the article quoted. Such inaccurate or incomplete statements indicate that the author of the book has not been adequately critical of and perhaps has been careless in reading the article that he is quoting. One example concerns the author’s comments regarding the importance of sludging of the blood in the postthrombophlebitic syndrome. As confirmation of this, he refers to the experience recorded in a medical article in regard to eight cases that showed sludging of the blood. On reading this section, I had the impression that the author of the book considered these to be cases of the chronic postthrombophlebitic syndrome whereas they were actually eight cases of acute thrombophlebitis.

There are several areas of confusion in the book and even self-contradictions. For example, on page 85 the statement is made that “ulcers are uniformly painful,” and on page 105 “pain is not a constant feature of ulceration.” There are a number of dogmatic generalizations throughout the book that will be accepted as facts by a reader not expert enough in the field to make his own critical appraisal of the statement (the author hopes there will be many of these). An example is, “tobacco has a marked influence on the vascular system.” No one has shown that tobacco has a marked influence on the natural history of aneurysms, arteriovenous fistula, or atherosclerosis, and the author himself says previously in the book that in his opinion the use of tobacco has no influence on the postthrombophlebitic syndrome. There are a number of areas where it is wished that the author had been more exact and more critical in his statements. An example is the statement that “the exact mechanism by which emotions increase the coagulability of the blood has not been clarified” when, in fact, it has not yet been demonstrated clearly that emotions actually do increase intravascular thrombosis.

In the chapter on pathogenesis, abnormalities in the lymph-vascular system are given a much more prominent role in the causation of the postthrombophlebitic syndrome than has yet been demonstrated. In the chapter on differential diagnosis he does not give enough emphasis to simple gravitational edema as a problem in differential diagnosis, and he describes as separate entities “congenital, heavy, enlarged legs” and “lipedema,” syndromes, which most authorities would consider as one and would classify as “lipedema.”

After reading this book several times (it is a thinner book than most medical books), I had begun to wonder if it is ever justifiable to publish a monograph on a mere complication of a disease. It seems to me that in trying to justify, perhaps subconsciously, a monograph on the postthrombophlebitic state, the author overemphasizes the historical, social, economic, and medical importance of this condition and, because of this, he tends to lead the reader away from the most important aspect of any consideration of this condition: that it is a syndrome of complications and that it can be prevented by early and proper treatment of the original disease (thrombophlebitis).

Aside from these criticisms and questions, there is much that is good in the book. It is interesting and easy to read. The chapters on anatomy, on physiology, on medical treatment, and on rehabilitation are excellent. The book is superbly manufactured by Charles C Thomas. The illustrations are well selected and very clearly reproduced. It is almost worth the price just to have such a
splendid example of expert bookmanship resting on your desk or library shelf. Nevertheless, I cannot recommend this book for medical students or for physicians who have not had some experience in the field of peripheral vascular diseases.

Edgar A. Hines, M.D.


The recent Ciba Symposium on the renal biopsy, its clinical and pathologic significance, represented investigators with experience in over 5,000 biopsies of patients with renal disease. The collected papers and the reported discussion covered all the important phases of application of the renal biopsy. As might be expected, universal agreement has not been reached from the study of small samples of tissue from the still living patient but several major conclusions seem clear.

It was generally agreed that the renal biopsy has matured into an important tool for the study of the protein-losing diseases of the kidney. It has made some contribution to an understanding of pyelonephritis and the acute oligurias, and it promises to play a considerable role in the study of transport mechanisms of the kidney and the hypertensive diseases.

One of the areas of major interest at the conference was in the interpretation of the electron microscope studies of renal disease. The glomerulus has lent itself most readily to this kind of study by virtue of its remarkable anatomy. In the protein-losing diseases a new spectrum of anatomic changes has been found in association with the nephrotic syndrome. These changes involve the basement membrane and the epithelial and endothelial cells. Some of these changes had been suspected from light microscope studies in the past but the greater resolution of the electron microscope makes their identification much easier. The study of the tubules while not so far advanced as the study of the glomerulus seems to hold real promise. Nevertheless, despite these important contributions, the electron microscope has not shed much light on the mechanisms of protein loss.

In a number of patients the clinical and pathologic pictures have not yet been brought into harmony. From the wide-ranging discussion of this point it appeared that part of this problem was semantic but it was also clear that a greater depth of experience would also be needed. In addition to outlining certain problems in the clinical correlation of the pathology of the kidney the conference put post streptococcal glomerulonephritis and lupus nephritis in better focus.

One of the least controversial uses of the renal biopsy was in amyloidosis. The biopsy was accepted as an important diagnostic tool in amyloid but much less agreement existed as to its value in the related problem of renal vein thrombosis.

In the area of the focal renal diseases the use of the renal biopsy is handicapped by the problem of sampling. This is particularly true of pyelonephritis. Here again the problem of semantics occupied a central position in the discussion.

In the study of hypertension, unilateral renal disease, and primary aldosteronism the biopsy shows promise of producing important information but the clinical experience with this technique in these problems is still limited.

At a more fundamental level the biopsy is likely to contribute in the future to a better understanding of certain problems in renal function. This was apparent from the reported studies on the fine structure of the kidney as seen by the electron microscope and by the studies of enzyme localization and concentration.

The quality of the papers was uniformly high, the range of the discussion was broad and critical, and the depth of experience of the participants was impressive. Nevertheless, the position of some of the participants did not always hold true or consistent and the reader may find it challenging to identify these vagaries.

John D. Arnold, M.D.


It is probable that most physicians would accept with notable absence of enthusiasm the assignment of reading an entire textbook of physical diagnosis within a period of several days. To my surprise and gratification, the reading of this text was a pleasant experience.

The book is admirably designed in terms of size, type, legibility, and illustrative drawings. It is singularly free from typographic errors; only one was encountered in its 250 text pages. The first 50 pages are devoted to general examination; the remaining 200 to detailed physical examination of the respiratory tract, the circulatory system, the abdomen, the nervous system, and the patient as a whole.

The entire book may be commended warmly except as noted below. Its fundamental soundness is sufficiently assured by the eminence and long experience of the two distinguished internists who revised the text. The descriptions and explanations...

This excellent little book contains 24 papers by authorities in the field, given at a 3-day symposium on the various aspects of thrombosis and anticoagulant therapy. The topics discussed include current concepts of blood coagulation in relation to vascular disease, the clinical use and control of anticoagulant therapy, and the hematologic complications of the extracorporeal circulation.

There are many good illustrations, and in general the papers are notable for their clarity and brevity. The book can be recommended as a concise account of certain important aspects of the pathogenesis and treatment of thromboembolic disease.

Duncan Thomas, M.D.


This small book includes material presented at the Brown University symposium on “The Biology of Skin.” The symposium, held in January 1960, was concerned especially with the blood vessels and the circulation of blood in the skin.

There are six chapters by 10 authors describing their experiences with techniques for studying the geographic and histologic pattern or the innervation of the blood and lymph vessels in the skin. There is also a chapter by A. B. Hertzman about the effect of heat on cutaneous blood flow, a chapter by A. C. Burton discussing special features of the circulation in the skin, and one by F. Urbach on the blood supply of tumors.

We have acquired little fundamental information of the functional or histologic changes in the smallest blood and lymph vessels in primary vascular diseases, such as acrocyanosis and livedo reticularis, nor do we know much about the state of the smallest vessels in such diseases as arteriosclerosis obliterans or thromboangiitis obliterans. We have scant knowledge about what role the smallest blood and lymph vessels may have played in patients with these diseases where treatment has failed. Perhaps one reason for such ignorance has been the lack of reliable and relatively easily applied technics for studying the smallest vessels, especially in the living human.

This book goes a long way toward remedying this lack of information by giving us a good physiologic and structural background for the study of abnormalities of the smallest blood vessels. It is hoped that better technics will be developed for more accurate study of the smallest lymph
vessels and that detailed studies of the smallest blood vessels will be extended in all types of peripheral vascular disease.

The technics described include improved ways of using the old perfusion-erosion method, capillary microscopy, the employment of alkaline phosphatase histochemical visualization, and the use of x-ray microscopy. It is amazing to see the minute details of the smallest vessels, which are sharply reproduced in the superb photographs throughout the book. Each of these special methods for visualization of small vessels has a special usefulness, depending on what structures one wishes to visualize and what type of material one is studying, but the ultimate aim of all special technics should be toward adequate visualization and biochemical analysis of the lumen, the wall and the vasa vazarum (when present) in the smallest vessels in the undisturbed, living human skin.

I was disappointed in finding little or nothing in the chapter on "The Blood Supply of Tumors" about the structure of the blood vessels and the nature of the blood flow in naturally occurring cutaneous tumors, as we need more information about the circulation in the so-called vascular tumors of the skin such as Kaposi's sarcoma, lymphangioendothelioma, and at least about the vasa vazarum, in benign hemangiomia in the skin. Although this chapter contains much interesting and worthwhile material, it could have been omitted, without great loss to the purpose of the book, and the price of the book reduced accordingly.

As a whole this is an excellent book with fine illustrations of minute blood vessels, which are probably not available elsewhere. It belongs in the hands of all specialists in peripheral vascular diseases who have an interest in research and on the shelves of the dermatologists who should have the latest information about the blood vessels and circulation in the skin—and it seems to me that this should include all dermatologists. The price of $10.00 for such a thin book (156 pages) may keep many who should own a copy from buying it.

Edgar A. Hines, Jr., M.D.


The objective of this book will doubtless appeal not only to beginners in electrocardiography but to many with considerable experience. Because even the simplest electrocardiogram represents the unfolding of differences between two variables with unknown values, the subject acquires a somewhat slippery although fascinating quality.

The author has applied statistical methods to the problem, a field in which he has made many contributions in the past. He has some misgivings about the 12-lead electrocardiogram, stating that it is an empirical development and that "all leads, but particularly the precordial leads, have a great deal of electrical distortion." By distortion, he apparently refers to surface distortion of central loops, a subject previously elaborated by Schmitt and himself. Later in the book, Schmitt points out that only 8 of the 12 leads are formally independent and states that there is considerable redundancy among the eight. But in the author's analysis of 960 subjects, he includes 75 items with a total of 75,000 measurements spread over the entire 12 leads irrespective of their superfliou or redundancy.

Technical and repeat variability in electrocardiograms is discussed. The author does not appear to have found the ventricular gradient highly useful for his purposes. The stress tolerance tests are fully discussed with excellent coverage of the literature. In "Minor Electrocardiographic Changes," he has emphasized the significance of breaks in the expected trends of changes in ventricular deflections from V_{1} through V_{6}. One manifestation of this important phenomenon, exhibited equally well by other methods of pairing with the exploring electrode, was reported many years ago under the term "pattern break" to direct attention to significant abnormality that could be recognized only by comparisons of ventricular patterns from adjacent precordial positions.

In the chapter on spatial vectorcardiography, it is asserted that spatial vectorcardiography would not make sense if the still widely held concept of "unipolar electrocardiography," which assumes that the surface electrocardiogram records the electrical activity of a part of the heart facing an electrode, were valid. Actually, the concept is older than unipolar electrocardiography although it was extended beyond the original idea in the interpretations proposed for that system of leads. In any event, the author has been able to select methods of making vectorcardiograms from the 30 procedures available to him that show promise of turning out rather well in comparison with the 12-lead electrocardiogram.

A final 4-page chapter entitled "Some Biophysical Bases of Electrocardiographic Analysis" by O. H. Schmitt, Ph.D. summarizes with brevity and clarity his ideas of about where we now stand with respect to certain important aspects of electrocardiographic theory.

This book, in the opinion of the reviewer, will reward anyone interested in electrocardiography for clinical purposes or as an epidemiologic tool.

Charles C. Wolfert, M.D.

Circulation, Volume XXVII, February 1963

This is an interesting electrocardiographic textbook by an Italian author. It deals with basic electrocardiographic principles—not, as the title might imply, with vector cardiology exclusively. It has been gathered together with more than generous editorial assistance from a galaxy of luminaries—among them Durrer, Frank, Johnston, Lepeschkin, Nelson, Pipberger, Rijlant, Scher, Schwahn, and Weidmann. There are very few illustrations with which the American reader should not be thoroughly familiar. This is something like the monograph on electrophysiology of the New York Academy of Science (1958) seen through the eyes of Dr. Pozzi. For the European electrocardiographer, it represents an authoritative presentation of the basic aspects of the field. For the American reader, it is of lesser value, since most of the information presented is readily available in the original form. An American edition, therefore, is a little bit like carrying coals to Newcastle. It is essentially a unique re-write job with Dr. Pozzi’s own thoughts discreetly in the background.

Clearly, for those who desire a rather comprehensive contribution of present concepts of basic electrocardiography, this volume can be recommended. The translation is excellent; the voluminous and up-to-date references are conveniently grouped by subject matter. The volume is well printed and fully indexed.

Hans H. Hecht, M.D.


The monograph presents hemodynamic observations on right heart catheterization of 320 subjects with various types of acquired cardiae disease. Following a lengthy section on general technic, the authors’ own data are presented in detail. A general discussion of some aspects of cardiovascular adjustment in health and disease follows, mainly based on the studies made by the authors. The volume concludes with a 40-page bibliography with references rarely later than 1954—none after 1957.

The conglomeration of data cannot but offer some observation of interest to everyone. One wonders, however, for whom the volume was designed: it is clearly not a textbook of hemodynamic technic for the uninitiated, yet it offers little new information to cardiologists of the Western world. If it was intended to summarize the field of and for the cardiovascular research workers in Czechoslovakia, one is led to believe. I hope erroneously, that this field of medical research has made unimpressive strides there during the last 10 to 15 years. For those interested in the international aspects of cardiovascular research, the monograph presents an interesting contribution. The book is published in East Germany, and except for the poor quality of the paper is set up in the fine Springer tradition.

Hans H. Hecht, M.D.


The accumulation of data regarding the chemical and physical properties, the physiologic and pharmacologic actions, and the therapeutic values and complications produced by anticoagulants and fibrinolysins continues at such a pace that there is a need for frequent conferences of the type illustrated by this symposium. The result has been a series of such conferences developed independently and practically annually in different countries. The fact that the participants are for the most part the same individuals may seem undesirable to some critics, but this reviewer sees it differently. A review of the past symposia, starting with the Josiah Macy Jr. conferences on Blood Clotting, 1947 to 1952, and including those held in Basle, Oxford, Dundee, and on the continent, and the meetings of the International Committee on Blood Clotting Factors, leading up to the present one, will give the reader a splendid outline of the development of theories and facts in this field during the past 15 years. He will have a chance to note the changing concepts of the leading investigators as they have moved forward. The present symposium, held under the auspices of the Ontario Heart Foundation and the Faculty of Medicine of the University of Toronto is a notable addition to this series. Fifty-four of the most active workers in this field participated in an effort to answer some of the many questions and to resolve some of the controversial issues, or at least to take a good hard look to determine where we are and where we should go from here. The general headings include basic mechanisms of coagulation, the effect of anticoagulants on blood coagulation, and thrombogenesis, the control of and criteria for adequate anticoagulant therapy, choice of anticoagulant and complications, clinical applications in acute, impending, and post myocardial infarction states, and cerebrovascular disease. New material on fibrinolysins and their possible clinical uses is included. The quality of those selected for this symposium guaranteed a generally high level of communication. There are some uneven areas. As one might...
expect, there was some controversy over the indications for these substances in the treatment of myocardial infarction although the evidence for their use in most cases was predominant. In the newer field of cerebral vascular disease there is need for further data, and it is clear that we are dealing with a much more complex set of problems. Time will be necessary to clarify which of the various syndromes constitute definite indications for and against these agents. Even since this symposium was held, new evidence has clarified some of these issues.

Many readers of the literature in this field have been confused by the apparently divergent results obtained by different groups of workers. Too often the reader has contended himself with reading the conclusions of the authors, whereas a careful study of the methodology, selection of patients, accuracy of control, and especially the experience of the investigators will reveal that in fact the experiments performed were so widely different in design and operation as to make different results inevitable. In some cases the authors' conclusions have not seemed justified on the basis of their own data. These differences are evident in this symposium as well as in most others. It is a good general rule in all areas of science, including clinical investigation, that if one wishes to determine the validity of a previous study he must precisely duplicate that study.

This symposium will be read with interest and profit by clinicians and investigators as well.

IRVING S. WRIGHT, M.D.


A couple of years ago, I read "The Quiet Art," a charming anthology compiled by Robert Coope. Coope included several quotations from Peter Mere Latham. They made me curious about Latham, partly because they woke me up, partly because I had never heard of him before or did not recall his name. One of the quotations in "The Quiet Art" concerned false remedies: "Only let the most worthless nostrum get backed by the credit of some good name, and it will never cease to pass current for something in the world, and will never be altogether got rid of from our materia medica. Thus, upon the whole, it is sad to think how much the practice of medicine is blindly engaged in a busy, noisy workshop of impossibilities." Latham interested me and I tried to find out more about him. Now Bean has produced this book. He has written a scholarly introduction and has edited extracts full of Latham's originality, careful observation, and good discussion.

One reason for reading Latham is that he could write. He had style. He used words simply, lucidly, and precisely. It is a pleasure to read him at a time when good writing by physicians is uncommon, superior style is rare, and excellence is striking. Bean himself is a leader in the desperate struggle to educate scientists to use words with precision and style. As he has written: "Some of us who admire a particular writer for his excellence and distinction may feel that the happy effect which we enjoy comes from some store of inherent talent or genius. No one would deny that talents vary over wide ranges. But a very large number of writers who have achieved eminence or excellence were not very good writers at the beginning. They improved with time as they labored to master the technique of writing by following two simple but laborious courses of action: They read good models wherein they could study the style and method an author used in saying what he had on his mind, and they were willing to endure the burden of almost unending toil as they worked first on mechanics, later on the graces, and finally on the complete command and control of language which is essential." Latham might well serve as an occasional model in style. Let me give an example. "You must go to the wards of a hospital in order to learn disease and its treatment; for there only you can see the sick man, and inquire his symptoms, and give the remedy, and note its effects, and witness its success or failure." Try to remove or add one word and see how the sentence loses its charm and power.

Good writing alone rarely commends a book. Latham could not only write, he was a perceptive intellectual, a man who lived by his mind, read widely, knew his own culture, exercised judgment, investigated, meditated, and discussed. In the early nineteenth century, physicians often seemed to play with words, but Latham demonstrated that he could think with clarity and logic. He has some penetrating observations on thought and thinking. "It is no easy task to pick one's way from truth to truth though besetting errors. . . . It takes as much time and trouble to pull down a falsehood as to build up a truth. . . . Men do not go to work with the same good will to detect what they suspect will turn out an error, as to confirm what they hope to find a truth. . . . A premature desire to generalize, an eagerness to arrive at conclusions, and a readiness to rest in them, are very common infirmities, and they offer very serious hindrances to the right acquisition of facts. . . . Bear in mind, then, that abstractions are not facts; and next bear in mind that opinions are not facts. . . ."

Perhaps it should not have surprised me that Latham wrote so provocatively about medical education. Most of the writers we admire have a quality of timelessness. The best use of a life is to prepare something that outlasts it. It is refreshing to realize that little we say about medi-
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This book may be considered as a postscript to the author’s work on “High Blood Pressure” published in 1955. Those familiar with his theory of hypertension as a deviation of the normal distribution of blood pressure and not a specific disease, have been entertained over the subsequent years by the controversy it has engendered. An attempt is made to counter some of the arguments against his theory and to point out some of the fallacies that may result from the artificial separation of subjects into hypertensive and normotensive groups.

A review is given of the data on population surveys of hypertension, showing the normal distribution of blood pressure and the effect of age and heritance upon it. The center of controversy has been upon the distribution of blood pressure in the siblings of hypertensive patients and the author presents his reasons for believing that the evidence for bimodality in blood pressure distribution curves is the result of observer bias and digit preference and concludes that there is no evidence for any break in the distribution curve which would suggest the presence of a second population. He notes that after a passage of 4 years a repeat blood pressure survey did not show any greater evidence for a so-called abnormal population, which might be expected if the disease was emerging in the population.

There is a review of such environmental factors as occupation, family size, and salt intake on blood pressure along with a discussion of psychologic factors that might influence blood pressure. In conclusion, a discussion of the clinical and pathologic features of hypertension is given as they bear on the concept of blood pressure as a variant of normal.

Those who have appreciated the style and clarity of the author’s previous work will enjoy this postscript, and the additional material it contains makes it worthwhile reading.

JAMES CONWAY, M.D.