BOOK REVIEWS


This book represents an unusual and refreshing approach to the diagnosis and treatment of the hemorrhagic disorders. The conjugal authors are both experts in their fields and comprise a coagulationist and a blood banker, the latter being most appropriate, as the administration of blood and blood products is currently the most important approach to the treatment of the bleeding diseases.

There is a clinical emphasis throughout the book, and many important, practical suggestions are given. The simpler “screening” tests are advocated as an initial measure, with the more complicated procedures being used after the general type of hemostatic abnormality has been characterized. Use of the prothrombin time is advocated in following the progress of patients with the defibrination syndromes. The prothrombin-consumption test as a screening test for the diagnosis of thrombocytopenia deserves special comment, as this is perhaps the only test of platelet procoagulant activity that can be carried out by the “small laboratory” without recourse to highly specialized techniques.

The authors quite rightly protest the assumption that a prolonged bleeding time means a vascular abnormality in patients who have not had the benefit of an adequate investigation of platelet function. It is a little premature, however, to attribute all cases of prolonged bleeding time to platelet abnormalities until more specific tests of vascular integrity become available.

The tacit assumption that a hemorrhagic diathesis may result from multiple transfusions is discussed and challenged, and one can only say “amen” to the suggestion that the administration of calcium delays the employment of more acceptable therapy. There is a section on platelet transfusions and an excellent review of the platelet coagulation factors.

The organization of the book might be improved. The hemophilias, for example, are dealt with in chapter 3 and the other hereditary coagulation abnormalities in chapter 9. The “data processing” type of presentation of the coagulation factors on page 4 tends to be rather confusing for one not familiar with the field. Occasionally clarity is sacrificed for the sake of conciseness. This sacrifice is inevitable in any book on coagulation that does not devote considerable space to its theoretical sections, which would be undesirable in a book such as this one. The authors themselves state, “In keeping with the purpose of this text, exhaustive detail is avoided. The intention is to impart to clinicians the practical knowledge essential for the understanding and proper management of the bleeding diatheses.” They have succeeded admirably.

E. J. WALTER BOWIE, B.M., B.CH.


The authors have attempted to present the diagnostic approach to congenital heart disease in a relatively small volume. While this does offer a concise review, there is necessarily a lack of pertinent detail.

Electrocardiography is covered adequately, but, although the criteria are given as partly age dependent, the electrocardiograms presented in the text do not include the age. The illustration of vectorcardiography and phonocardiography is only of fair quality. The section on treatment of congenital heart disease is deficient in some pertinent aspects, such as lacking a recommended dosage schedule for digitalis. The dosage for mercaptopmerin is unfortunately based on age rather than on weight.

The atlas section is the strong point of this book. However, a number of important lesions, such as common ventricle, common atrium, partial forms of atroventricular (A-V) canal, and various types of interatrial communications, are not fully covered.

A number of conclusions are made which are open to some question. The differential diagnosis given for a cyanotic child with a large heart and pulmonary engorgement does not mention common atrium, common ventricle, or complete A-V canal. Contrary to the authors’ statement, a right-sided aortic arch does not exclude transposition of the great vessels, especially in association with pulmonic stenosis. Also contrary to a statement in the text, a caval-pulmonary artery shunt (Glenn) is not indicated in tetralogy of Fallot. A series of angiographic frames (figure 67, pages 78 and 79) are presented from a case of absent right pulmonary artery, in which left atrial injection is purported to show retrograde filling of the right pulmonary veins to supply the
right lung parenchyma, a concept certainly open to debate.

The radiologist will find this text useful because of the emphasis on the standard roentgenological approach and because the atlas offers a concise presentation of the more common congenital heart lesions.

Robert H. Feldt, M.D.


Most of the material presented, as is pointed out by the Editor, was originally published in Volume II of "Cardiology" or in its supplement, although one of his own contributions contained in chapter 9 ("Auscultation and Phonocardiography") has been completely revised and rewritten.

The imposing list of nearly 70 contributors, chosen from many countries have filled 623 double column pages with text and 335 illustrations. According to the Editor, this monograph, intended for internists, cardiologists, and roentgenologists, as well as research workers and teachers, is unique in that it deals both with clinical examination and with the laboratory procedures applicable to clinical diagnosis. In relevant situations they are presented together as in the chapter on auscultation and phonocardiography mentioned. Practically complete coverage of the various subjects within the scope of the book has been achieved. For example, the reader is furnished the opportunity of delving into such matters as the psychological implications of the medical interview, the kinetocardiogram, rheometry and rheography, and studies of cardiac function by the ultrasonic Doppler method as well as subjects that may seem to the uninformed less arcane, or at least more familiar, such as electrocardiography, vectorcardiography, ballistocardiography, cardiac catheterization, and various roentgen-ray procedures including cineradiography.

It is undoubtedly difficult to maintain a uniformly high standard of excellence among nearly 70 contributors even though most of them are recognized authorities in the fields they cover. In at least a few instances, one gets the impression that a little more effort to bring material first published prior to its appearance in "Cardiology" a little more nearly abreast of current knowledge would have been useful. At best, a book dealing in part with subjects under intensive investigation, in some instances leading to rapid accumulation of knowledge, is bound to be a little out of date by the time it comes off the press. This volume, being for the most part a collection of contributions previously published, without last-minute revisions of subjects in which knowledge is rapidly expanding, is a bit more out of date in at least a few places than seems necessary even in a book. Nevertheless, it should be a welcome addition to the libraries of internists and cardiologists, especially because of its value for convenient reference. It should be useful also in hospital libraries for interns and residents.

Charles C. Wofe, M.D.


In the rapidly growing field of renal disease, Dr. Merrill has provided in this volume a review of the current concepts that presently guide the nephrologist in his management of renal failure. The volume presents six principal topics. The first three chapters deal with the normal anatomy and physiology of the kidney as well as the composition of body fluids. These are followed by a chapter on the alteration of these in patients with renal disease. The symptoms, signs, and disturbances revealed by laboratory studies are then reviewed as seen in the presence of renal failure; stress is rightly placed on the lack of correlation between symptoms and degree of renal failure. In the next two chapters, the problems of acute renal failure are contrasted with those of chronic renal failure. The differences, often subtle and overlooked, are vital considerations in the successful management of renal failure. How to determine "when not to treat" the patient with chronic renal failure who has adjusted to his disease is an ideal example of these problems.

The final two chapters are devoted to current concepts and experiences with dialysis and transplantation, including a historical background. The indications and basic principles involved in both of these approaches to renal failure are reviewed and the current results are presented. For readers interested in a more detailed presentation of peritoneal dialysis, the appendix provides an adequate discussion of the techniques involved. Also included in the appendix is a presentation, by Dr. H. Richard Tyler, of the neurological complications of acute and chronic renal failure seen in 750 patients with severe renal failure over an 8-year period. This experience will be extremely helpful to the physician dealing with such patients; it provides a background of information on potential neurological complications of renal failure and treatment.

To the student of renal disease, this book offers
an excellent review of the current concepts of the
diagnosis and management of renal failure. A
complete bibliography is provided in the areas of
controversy. To the physician who deals only
occasionally with renal failure, it provides many
valuable concepts which will allow intelligent
management of the problem.

LYNWOOD H. SMITH, M.D.

Vascular Surgery. Herbert R. Hawthorne,
editor. Springfield, Illinois, Charles C
Thomas, Publisher, 1965, 249 pp. Illustrated.
Price $18.75.

This book is not intended to be a comprehen-
sive text on vascular surgery. It presents the
material presented at a conference on vascular
surgery by contributors well known in the field
of vascular disease. Each contributor has written
of his own personal experience and of his pre-
ference of techniques in the treatment of various
vascular conditions. There are also interesting
chapters on current concepts of the genesis of
atherosclerosis, anticoagulant therapy, arteriog-
raphy, and lymphangiography.

This book is short and easily read. Its most
useful application would seem to be in acquaint-
ing readers who have a background in vascular
disease with the personal experience of an emi-
nent group of contributors.

ROBERT B. WALLACE, M.D.

William Harvey: The Man, the Physician,
and the Scientist. Kenneth D. Keele. (Series,
British Men of Science, General Editor: Sir
Gavin de Beer.) London and Edinburgh.
Thomas Nelson and Sons, Ltd., 1965, 244
pp., 9 illustrations. Price 42 shillings (about
$7).

The Works of William Harvey, M.D. Trans-
lated from the Latin with a Life of the
Author. Robert Willis. (The Sources of
Science No. 13, Editor in Chief: Harry
Woolfe.) London, Printed for the Sydenham
Society, 1847. New York and London,
Johnson Reprint Corporation, 1965, vol. 96,
624 pp., 4 illustrations on one plate. Price
$25.00.

There has been a great revival in the publica-
tion of books by and about William Harvey.
Especially worthy of mention have been Lect-
tures on the Whole of Anatomy; an annotated
translation of Harvey's Prelectiones anatomiae
universalis, by C. D. O'Malley, F. N. L. Poynter,
and K. F. Russell, 1961, and a translation of the
Prelectiones, by Gweneth Whitteridge, published
in 1964 for the Royal College of Physicians. Dr.
Whitteridge, in 1959, had also translated De
motu locali animalium which was a series of notes
on a treatise that Harvey had intended to write
on the physiology of movement.

In addition, Kenneth J. Franklin has translated
Harvey's Circulation of the Blood (1957 and
1963), and a translation by Willis had again
appeared (1962) edited by Alexander Bowie with
an introduction by Mark Graubard. On the occa-
sion of the tercentenary celebration of the first
printing of De motu cordis, the first English text
of 1653, edited by Sir Geoffrey Keynes (1928),
was reprinted and a fresh translation of De motu
cordis by Chauncey Leake (1928) was pub-
lished.

Equipped with these studies and with other
publications concerning Harvey, Kenneth Keele
has prepared a fascinating account about the
discoverer of the circulation. Dr. Keele divides
his treatise into three parts: Harvey the man,
Harvey the physician, and Harvey the scientist.
By a careful reading of all of the Harveyana and
by tracking down Harvey's sources, the author
brings to the fore Harvey's relationship to and
reliance upon Aristotle: "This growth in Harvey's
ideas was very largely shaped by the creative
thought of Aristotle, both with regard to the
subjects which Harvey investigated as well as his
method of approach. Aristotle in fact provided
the setting for the bright jewel of Harvey's ex-
perimental genius" (p.x).

Dr. Keele's careful perusal of Harvey's De
motu cordis brings to light that Harvey had
described heart block "... from the first stage
of an increased auriculo-ventricular interval to
complete dissociation between auricle and ven-
tricle" (p. 129). The author mentions that
Harvey's account has been overlooked by his-
torians of cardiology but Chauncey Leake gives
Harvey credit for the first observation of heart
block. Harvey also described cardiac infarction
"... leading first to left ventricular failure, then
congestive heart failure before sudden death"
(p. 151).

Keele discusses in detail the reception of
Harvey's discovery. He points out that, although
it met with opposition by the Galenists, it was
warmly accepted in Holland and that Descartes,
the great French philosopher and physiologist,
was one of Harvey's most important supporters
but that the Paris Faculty of Medicine firmly
opposed the doctrine.

The author spends considerable time in dis-
cussing Harvey's De generatione animalium
(1651), pointing out that it has a unity of theme
with De motu cordis: “Each work sets out to demonstrate a different aspect of cardiac dominance in the life of animals. Both are based on a concept of circular motion, the one mechanical, the other metabolic, as represented by the cycle of generation and corruption, life and death” (p. 170). The many observations made by Dr. Keele should appeal to a large audience.

Appearing in the same year (1965) by a different publisher, a reprinting of the Works of Harvey originally issued in 1847 by the Sydenham Society makes an excellent companion piece to Keele’s study. Whoever does not thrill to Robert Willis’ superb translation of the Works of Harvey and his excellent description of the life of Harvey must be calloused indeed! Both volumes should be in the library of every cardiologist and medical historian, and, of course, they should be read and not just placed on the library shelves.

THOMAS E. KEYS


The spectrum of cardiovascular disease does not lend itself to development of a diacritic key for differential diagnosis. However, by means of easily usable side-by-side comparisons, the authors of this book have accomplished their expressed purpose.

By reiterative description of specific lesions, as differentiated from the other likely (and a few unlikely) diagnostic possibilities, the salient features are well defined. The physiological approach is stressed where possible in explaining clinical findings. For the sake of brevity, illustrations and bibliography were omitted and a rather dogmatic approach has been employed.

The division of the subject matter according to age of the patients—newborn, infant, and older patients—is highly effective. This is particularly so in the classification of congenital cardiac disease in the newborn. Narrative description of the differential diagnosis of arrhythmias and electrocardiographic problems is less valuable because this diagnostic skill is more easily learned by study of one of the several illustrated texts available. Since they placed such emphasis on phonocardiograms as a definitive tool, I would have urged the authors to have included some illustrations on this topic.

Because of its logical approach, this book is valuable for teaching at any level.

THOMAS T. SCHATTENBERG, M.D.


The Pathogenesis of Cardiac Cachexia presents a detailed and comprehensive (464 references) review of current knowledge related to the development of a clinical state that is familiar, yet, perhaps, incompletely understood by most practicing physicians. The book is an expansion of an essay (147 references) by the same authors, which has been previously published in the New England Journal of Medicine.

Included in the book are personal observations on the results of intestinal absorption measurements in 22 decompensated cardiac patients. The failure of a normal degree of alimentary lipemia to develop after the ingestion of a fatty meal and a depressed standard 5-hour urinary excretion of D-xylene support the work of others. These findings indicate an intestinal malabsorption. However, the authors are careful to point out the cautions in interpreting such data in the presence of faulty renal excretion, anorexia, delayed gastric emptying, drugs, and hepatic and pancreatic dysfunction. In keeping with the “classic” concept that cellular hypoxia is the underlying and primary event which results from myocardial failure, data indicating that splanchnic anoxia may lead to various malabsorption defects in the small bowel are emphasized.

The authors conclude that the syndrome of cardiac cachexia is secondary to multiple factors and that an already incompatible state of relative hypermetabolism in the face of cellular hypoxia and a less efficient energy-producing pathway (anaerobic glycolysis) is further compromised by inadequate nutrition. The potential harmful effects of various therapeutic measures may further hinder clinical improvement. Pittman and Cohen summarize with a plea that more therapeutic attention be given to improving the nutritional status, and thus, hopefully, the myocardial function of the patient with chronic congestive heart failure.

Although this book, which is well written and organized, adds little new information, it should prove to be provocative reading for both the clinical and investigative cardiologist.

BEN D. McCALLISTER, M.D.
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