BOOK REVIEWS

Vascular Diseases in Clinical Practice, ed. 2. Irving S. Wright, M.D. Chicago, Year Book Publishers, 1952. 552 pages, 116 figures. $8.50.

In a recent address to the American Heart Association, Dr. Isaac Starr remarked that progress in research in peripheral vascular disease has been steady but never meteoric. In the second edition, Dr. Wright has successfully incorporated into his book, Vascular Diseases in Clinical Practice, the most pertinent of the steady clinical advances of the past four years. The book should be valuable to those for whom it was designed in clinical practice.

In the discussion on arteriosclerosis, the problem of nutrition is well condensed from the recent vast literature on the subject. Although no definitive dietary regimen is suggested, the author points out that our knowledge of the subject does not yet warrant such a measure. Dr. Wright also points out that vasodilator drugs in the treatment of arteriosclerosis obliterans are of limited value and unless they have selective action on the affected limb, may actually be harmful. This is an important and previously under-stressed concept. The search for an "ideal" vasodilator in peripheral vascular disease has certainly not ended. One of the best parts of the book is the section on anticoagulant therapy. Any physician contemplating the use of such therapy can read this with profit, if for no other reason than to review the "indications for caution in use of anticoagulants." The author enjoys excellent therapeutic results from the use of Tromexan. As he points out, however, some observers consider it more difficult to control than Denuarol. Some clinicians use both drugs: Tromexan to attain the original change of prothrombin time because of its more rapid action and Denuarol for the prolonged treatment of the patient. The book also includes a chapter on frostbite and immersion foot. This has become a problem of considerable dimensions in current military medical history, although recent advances in clothing have been of some prophylactic value. Recent experimentation has led to the belief that pure immersion foot is probably not an actual disease of the blood vessels themselves. Finally, the reviewer would like particularly to commend the chapter entitled "Amputation: Psychologic and Physical Care." The importance of such care is only too well known to those of us who are interested in the problem of vascular disease.

Orville Horwitz

Spitzer's The Architecture of Normal and Malformed Hearts. Maurice Lev, M.D., and Aloysius Vass, M.D. With a foreword by Otto Saphir, M.D. Springfield, Ill., Charles C Thomas, 1951. 176 pages, 50 figures. $5.00.

Alexander Spitzer's "Über den Bauplan des normalen und missbildeten Herzens. Versuch einer phylogenetischen Theorie" was published in Virchow's Archives of Pathologic Anatomy in 1923, but the theory was not generally accepted and not widely read until Maude Abbott, followed by Taussig, Gibson, Blalock, Gross, Potts, Command, Bing and others, felt it necessary to have an understanding of a workable broad concept of the formation of the heart and of the malformations encountered at the autopsy table in order to diagnose and cure such abnormalities. Otto Saphir deserves great thanks for stimulating his associates, Maurice Lev and Aloysius Vass to translate this difficult, cumbersome German article which is replete with lengthy idiomatic and picturesque expressions. The translation is excellent and very readily understood.

Spitzer's article is written in two parts. The first part gives in detail the phylogenetic theory of the normal septation process. The second part is an extension of the phylogenetic theory applied to the malformations of the heart. The text of the article is well illustrated by 26 drawings without which the complex theory of septation and rotation would not be understandable. Lev and Vass have added a third part to this splendid volume, giving a summary of Spitzer's later article written in 1936. A criticism of Spitzer's theory is intelligently offered and an adequate modification of Spitzer's theory is presented by Lev and Saphir. Thus, we have in one volume Spitzer's original article, his final summarization of the phylogenetic theory, a criticism of the theory and Lev and Saphir's modification which makes the theory acceptable to students of the "Fundamental Law of Biogenesis."

To all students interested in cardiovascular problems this book is a "must" without reservations.

George C. Griffith

Factors Regulating Blood Pressure. Transactions of the Fifth Conference, Feb. 15–16, 1951. Edited by Benjamin W. Zweifach and Eiptraim Shorr. New York, Josiah Macy Jr., Foundation, 1951. 238 pages. $3.75.

This is the record of the last of a series of conferences relating to hyper tension. The style is typical; however enjoyable or apropos the by-play may be during the session, it disturbs the reader's idea of the subject at hand; easy writing, still more, easy conversation, makes hard reading. For example,
the discussions of atherosclerosis by Drs. Burt, Kendall, Golman and Sims are so completely interrupted that it is hard to discover their continuities. And then they are separated from the relevant discussions of Drs. Dock, Lansing, Katz and Wakerin, by Dr. Goldblatt’s paper on renal hypertension with its extensive discussion by Dr. Wakerin, and by two interesting epidemiologic papers on cardiovascular disease in Denmark and Ceylon: the span of discontinuity ranges roughly from Greenland’s icy mountains to India’s coral strands.” Those familiar with the field will require the volume but will gain little from it; those who are not, will want original and better documented sources.

What of the accomplishment of the series? The sessions must have value to the participants or they would not go; these and others may find the record of a told-you-so reference value, particularly this volume with its cumulative index. Those abroad who are deprived of opportunities for personal contact with the speakers probably find it very informing. Prompter publication in a more closely edited, less pretentious format might better serve the purpose. If the personal element of free discussion must be a matter of record, the technics of film and television have much to offer. But it is not and, in this style, cannot even make up into a proper book.

A. C. CORCORAN

Correlative Cardiology: An Integration of Cardiac Function and the Management of Cardiac Disease. Carl F. Sharoff and Don W. Chapman. Philadelphia, Saunders, 1952. 525 pages. $9.50.

Despite the intriguing title and subtitle of this book, one finds here a trite rather than a fresh approach to cardiology. The book is intended for students. The handling of the material is superficial and the use of the outline form makes for dogmatism and lack of proper emphasis. For instance, from the description of the etiology of ventricular tachycardia, a student might well conclude that the arrhythmia occurs more often without apparent cause than as a complication of myocardial infarction. The book is poorly proportioned; one-tenth of the volume is devoted to physical diagnosis, and the description of the pulse is recorded as much space as the subject of body fluids and electrolyte balance. In some instances, description of techniques and directions for the administration of drugs are inadequate. There is considerable repetition of minor details and uncovering diagrams while much important matter is omitted. Yet these are minor faults in comparison with the lack of lucidity, the self-conceded expression, the frequent self-contradiction and the surfet of glaring errors that make this a bewildering and completely untrustworthy work.

From some passages, such as the discussions of the cardiac cycle (p. 24) and water and salt depletion (p. 44), and from many of the figures, this reviewer could extract no meaning whatsoever. Ofttimes the phrasing is so obscure as to require deciphering. For example, a figure which shows a nodal premature systole (p. 214) is titled “AV nodal premature systole (rhythm—if constant) without retrograde conduction (tachycardia—if rate increased) (nodal and ventricular escape).” Most of the definitions are loose and imprecise. Space limitations permit listing only a few of the numerous concepts and statements with which the reviewer disagrees. The authors imply that digitalis has little value in the treatment of congestive failure associated with sinus rhythm. They state that according to the backward failure theory, the primary event in the development of congestive failure is an increase in stroke volume and cardiac output (p. 254); that an S wave exceeding 5 mm. in any of the standard limb leads is abnormal (p. 165); that peripheral thromboses may occur during auricular or nodal tachycardia if the pulse pressure is very small (pp. 204, 217); that abdominal paracentesis may be indicated in the treatment of chronic left-sided failure (p. 292); that the palpitation noted with a premature beat is due to “the more powerful contraction after the pause” (p. 201).

There are scores of statements that the authors obviously could not have intended but which would nonetheless confuse and misinform the student. Again a few examples must suffice. Repeatedly there is confusion between left and right, systole and diastole, inspiration and expiration, millimeters, millivolts and centimeters, plus and minus, etc.; wrong numerals appear, and wrong words—“direction” instead of “duration” (p. 90), “injection” instead of “insertion” (p. 122), “RAO position” instead of “diaphragm” (p. 135). It is stated that with anterior myocardial infarction there is “late T inversion in lead 3” (p. 180); that the presystolic murmur of mitral stenosis is “frequently accompanied by a localized systolic thrill” (p. 200); that the subcutaneous nodules of rheumatic fever are “0.5 to 1.5 mm. in size” (p. 297); that the Valsalva maneuver consists of “inspiration with closure of the glottis” (p. 140); that the normal Q wave is “0.10 mm. in lead I” and “to 0.2 mm. in V1” (p. 165). There are such expressions as “the volume of the circulation delivered by the veins to the capillaries” (p. 111), “the junction of the left ventricle with the right cardiophrenic angle” (p. 140), and “hydrogen ion (pH) increase” (p. 31). The diagrams are no less confusing. One finds the aorta labeled as a pulmonary vein (p. 27), the left auricle labeled as right auricle (p. 156), and a heart with two right auricles (p. 110). The murmur of interventricular septal defect (p. 278), patent ductus arteriosus (p. 281) and pulmonic stenosis (p. 286) are depicted as located to the right of the sternum. Diagrams supposedly illustrating that Q waves do not normally occur in lead V5, repeatedly show Q waves in that lead (pp. 172 to 175). The figures on pp. 131 and 344 have arrows pointing in the wrong
Low-Sodium Diet: A Manual for the Patient. Thurman B. Rice. Philadelphia, L. & Febiger, 1951. 103 pages, 14 food charts. $2.75.

In this brief book the author discusses the distribution of sodium in foods, drugs, and other ingestible substances. Suggestions for the preparation of low-sodium diets are given in some detail and useful lists of the sodium content of common foods are presented.

Except for perhaps over-emphasizing the significance of exogenous sodium, the book should prove helpful to patients and relatives who must be concerned with low-salt diets.

S. O. Waite

The Clinical Use of Fluid and Electrolyte. John H. Island, M. D. Philadelphia, Saunders, 1952. 259 pages, 73 figures. $6.50.

The author is Assistant Professor of Medicine at the University of Vermont College of Medicine. His book contains 259 pages divided into 15 chapters. Four hundred and seventeen original references are included. The text is supplemented by 73 figures which demonstrate graphically the distribution of water and electrolytes between plasma, extracellular fluid and cells in the conditions discussed. The first chapter reviews normal fluid and electrolyte physiology. In the remainder are discussed the specific circumstances in which abnormalities may occur, including childhood, old age, surgery, cardiac and renal disease, diabetes, adrenocortical imbalance and the effects of various physical stresses. Each chapter opens with a detailed description of the relevant physiologic mechanisms, both normal and pathologic, which conforms closely to recent concepts. Treatment is then presented as a logical development from these considerations. The pros and cons of the evolving therapy are integrated.

The book contains a large body of recent and detailed information, which has hitherto been available in a single work. To be of greatest value, it should be studied, rather than read. Nevertheless, each chapter is sufficiently self-contained to be of immediate use to the clinician.

D. M. Green

Gli Elettroliti nella Funzione Contrattile del Miocardio e nella Genesi dell'Elettrocardiogramma (The Electrolytes in Myocardial Contraction and in the Origin of the Electrocardiogram). F. Lenzi and A. Caviglia. Siena, La Poligrafica, 1952. 355 pages, 93 figures, 11 graphs.

The ambitious theme of this monograph is developed through a series of electrophysiologic experiments plus a detailed review of the literature (over 1000 quotations). The experimental work is limited to one species (turtle), one method (electrocardiogram), and one lead, (unipolar, anterior, epicardial tracings). The investigation is based upon the result of systematic investigations with the various ions of Mendelejeff's series. The results are analyzed in detail but are poorly presented; most of them could be presented more clearly in tabular form. Correlation of the findings with the already known data is rendered confused by the excessive weight of quotations. No attempt at evaluation of the clinical importance of the findings is made.

While this book may be of some usefulness to workers in the same field, the purely analytic presentation strongly detracts from its value.

A. Lusada