Drug Therapy in Dilated Cardiomyopathy and Myocarditis. Edited by Richard S. Engelmeier and John B. O'Connell. New York, Marcel Dekker, Inc., 1988. 288 pp. $99.75.

The book Drug Therapy in Dilated Cardiomyopathy and Myocarditis is one of 11 volumes in a series of monographs on basic and clinical cardiology. It deals with the traditional, novel, and experimental pharmacologic agents used to treat congestive heart failure (CHF) and myocarditis, and with the relationship between these two disorders.

The precise definition of dilated cardiomyopathy differs according to various authors. The preface of this book begins by defining this form of congestive heart failure and discussing its prevalence and possible etiologies. The editors state that dilated cardiomyopathy is defined as a state in which "both ventricles are enlarged, systolic function is reduced, and the coronary arteries are normal." They note a study by Johnson and Palacious which estimates that this form of congestive heart failure is 10 to 25 percent as common as ischemic cardiomyopathy and that dilated cardiomyopathy is increasing in both prevalence and incidence. For this reason, they conclude that a book on the drug therapy for dilated cardiomyopathy is valuable.

The book is divided into 15 chapters. The first three deal with the anatomy and pathophysiology of the failing heart. The next five deal with traditional methods of treatment, including digitalis, diuretics, and afterload-reducing agents. The next four chapters deal with drugs such as dobutamine, levadopa, and beta blockers, which are not yet used routinely to treat cardiomyopathies.

The description of the pathophysiology of CHF is a nice review, but the next nine chapters on the forms of treatment are confusing. Many of the studies referred to in these chapters were studies in which ischemia was the major cause of CHF. Thus, these studies were not dealing with the dilated type of CHF which the editors profess to be reviewing. In the preface, the editors stressed the significance of this volume as a review of the pharmacologic therapy for non-ischemic dilated cardiomyopathy. In this respect, the book failed.

Chapter 13, entitled "Myocarditis as a cause of dilated cardiomyopathy," begins with the statement, "The hypothesis that myocarditis may be a cause, if not the major cause, of dilated (congestive) cardiomyopathy has been posed repeatedly, and over the years increasing evidence has been accumulated in its support." This statement further implies that the initial 12 chapters were describing a different entity. In any event, this chapter does provide interesting evidence that myocarditis may be a major cause of dilated cardiomyopathy.

The following chapter discusses immunotherapy as a treatment and concludes with the statement that it is unclear whether immunosuppression is of any benefit in dilated cardiomyopathy and that the current NIH study will determine its efficacy.

This book fails to discuss adequately what I consider to be the most crucial issue, which is whether endomyocardial biopsy is diagnostic in determining which patients have myocarditis. In a recent article in the Annals of Internal Medicine, J.T. Lie suggested that the NIH multi-center trial may not be very useful because the diagnosis of myocarditis by endomyocardial biopsy is enormously subjective and the interpretation of the biopsy has a very high inter-observer variability.

My last criticism of this volume is a technical one. In addition to the several typographical errors and the incorrect reference in the preface, several pages in
chapter 7 were printed out of order. While this flaw may only be a careless oversight, it adds to the reader's confusion, which is already significant.

In conclusion, Engelmeier and O'Connell, the editors of this book, define dilated cardiomyopathy as distinct from ischemic cardiac disease. They claim that its incidence is increasing, and that it is quite probably linked to myocarditis. They then include papers from studies which do not discriminate between the ischemic and dilated forms of cardiomyopathy, thereby undermining the presumed importance of their book. For this reason, I do not recommend the volume.

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The Pasteurization of France. By Bruno Latour. Cambridge, MA, Harvard University Press, 1988. 273 pp. $30.00.

It is a complex world, and the human mind is simple: we tend to simplify our environment through generalizations and categorizations. In similar fashion, we simplify history by dwelling on dates and facts and by attributing major events and broad trends to the actions of a few individuals. The Franco-Russian wars of the early nineteenth century, including the battles of Moscow and Tarutino, have often been attributed to the journeying of a single man, Napoleon, and his "Grande Armée." Indeed, we often speak of the "Napoleonic Era." Latour points out the manner in which Tolstoy reacted against that simplification, noting how Tolstoy's monumental War and Peace was an attempt, in a mere eight hundred pages, to "give back to the multitude the effectiveness that the historians of his century placed in the virtue or genius of a few men." Likewise, Bruno Latour points to the recurrent fallacy in the history of science of "the great man . . . alone in his laboratory, alone with his concepts . . . he revolutionizes the society around him by the power of his mind alone." This reductionist scenario is far too simple; it ignores the broad forces and movements in science and in society which both influence the revolutionary and which implement his "revolution." In The Pasteurization of France, the author critically examines the myth of Pasteur, a myth in which Pasteur is the leviathan who conquers the world of microbes and, with his Germ Theory, single-handedly brings the French people and the world into the Modern Age.

The Pasteurization of France is presented in two parts. The first consists of three major chapters and begins with the story of the rise of the hygienists in the latter part of the nineteenth century. Latour sets out to prove that the microbiological revolution (to borrow a political term) which occurred in the nineteenth century was not the result of the genius of one lone scientist (Pasteur). Rather, the myth of Pasteur, which the author refers to as the "Pasteurian hagiography," was invoked by the hygienists to gain power. Thus, the microbiological revolution was not a product of Pasteur, but rather, "Pasteur" was a product of the microbiological revolution. Latour writes that "the complete hybridization of hygienists and Pasteurians multiplied the power of both." For the hygienic movement, the move to clean up cities, provide clean running water and "flushing systems to evacuate excrement" now had a prophet. For the Pasteurians, there was an increase in publicity, power, and public funds. Finally, for Pasteur