

appreciating reality in his world of fantasy on and out to society beyond the familiar one is now well known. It is presented freshly and leads on to a second theme. These same chapters are concerned with the emotional malaise that is the expression of vulnerable phases in the normal child's growth. Even in a satisfactory family environment circumstances can arise to disturb the child's adjustment to changes that are necessarily painful, for the process is delicate and ever changing. The vulnerability of an immature person to major crises in family life, especially when a psychotic element intrudes, either through himself or some other part of his background, is expanded with emphasis that drastic interference may be repeated to avoid immediate danger. The author sees the urgent need for psychiatric training in those who must act therapeutically under such circumstances.

He writes more briefly about the ways by which complete maturity shows in the difficulties of being an adolescent. He suggests that three recent changes add to this difficulty. Venereal disease is no longer a bogey, the development of contraceptive techniques has given the adolescent freedom to explore even when these are ignored, and the existence of the atom bomb has changed the whole outlook concerned with social discipline and obligation. He adds to this that "It is a prime characteristic of adolescents that they do not accept false solutions".

Dr Winnicott uses the adolescent explosiveness as an example of the essential naturalness of apparently abnormal reactions, anxieties, and misbehaviour of a growing creature at various stages. The child showing transient and even severe symptoms at certain ages is more normal than the invariably placid infant, the biddable four year old or the meek and tidy adolescent. Society has evolved ways of controlling the sharpness of the reactions which burst through at times. He asserts the concept of "maturity as health Mature adults bring vitality to that which is ancient, old and orthodox by recreating it after destroying it."

The second part of the book contains half a dozen articles on more separate themes; of particular interest to this reader are "The contribution of psycho-analysis to midwifery" and more generally "Some thoughts on the meaning of democracy".

There is very much in Part 1 concerning our own range of work among families. It can bring us to review many of our conclusions, and force us to rethink our own attitudes to family problems presented to us. Our approach to others may be, must be, coloured by our own family issues and our reactions as parents to our own children, and long ago as children to our own parents.

This is a stimulating book.

Electrocardiograms. A Systematic Method of Reading Them. M. L. ARMSTRONG, M.B., B.S. Bristol. John Wright & Sons Ltd. 1965. Pp. vii + 64. Price 17s. 6d.

The object of this book is "to set out a method whereby anyone starting with a minimum of basic knowledge may be able to pick up an electrocardiographic tracing and by a local step-by-step process arrive at the

diagnosis or diagnoses". One wonders whether it would not have been better to emphasize that the interpretation of the electrocardiogram of any patient must be carried out in conjunction with a careful consideration of all the data obtained from the clinical (and in some cases radiological) investigation of that patient.

Problems arise as early as page 2 of this book. After telling us what the standard limb leads mean in terms of difference in electrical potential the author goes on—"unfortunately, these leads from the limb extremities have a low electrical potential, and therefore need to be electrically 'built up' or augmented. They are therefore called the *augmented unipolar limb leads* and are prefixed by the letter 'a' (figure 1)"—author's italics. In point of fact Goldberger devised his augmented unipolar extremity leads in order to secure deflections of greater amplitude than those obtained, not in the standard limb leads, but in the (unaugmented) unipolar extremity leads previously described by Wilson. The standard limb leads are, of course, bipolar and, far from having 'a low electrical potential' the amplitude of their deflections is nearly 20 per cent greater than that recorded by the augmented unipolar limb leads. On the same page we are told that the precordial leads are prefixed by the letters 'V' or 'CR', but we are not told why.

The importance of correct standardization is rightly emphasized but the statement that "this is usually carried out by pressure on a small knob on the machine which produces a standard deflexion equivalent to 1 millivolt" is not very helpful. What the author presumably means is that the sensitivity of the machine is carefully adjusted until a calibrating potential of 1 millivolt produces a vertical deflection of precisely 1 cm.

It is pointed out that the P-R interval is short in the Wolff-Parkinson-White syndrome—as indeed it is—but why not tell the student the other half of the story, viz. that the Q.R.S. complex is usually prolonged and distorted in this condition? We are told (at page 17) that carotid sinus pressure may slow the ventricular rate in atrial flutter but may not affect paroxysmal tachycardia. This is true for ventricular paroxysms only—about 50 per cent of supraventricular paroxysms (especially the nodal variety) can be abolished and normal sinus rhythm restored for a longer or shorter period by correctly applied carotid sinus pressure.

At page 18 we are referred to figure 50 as an example of complexes of small amplitude occurring in hypothyroidism but figure 50 turns out to be a short tracing of idioventricular rhythm.

There are other less obvious discrepancies but enough has been said to indicate that a very vigorous overhaul of the text will be necessary when a second edition of this book is called for.

Essentials of Forensic Medicine. Second edition. CYRIL JOHN POLSON, M.D., F.R.C.P. Oxford, Edinburgh, New York, Paris, Frankfurt. Pergamon Press. 1965. Pp. xvi+600. Price £5 5s. 0d.

Keeping up to date is a problem that not only confronts medical practitioners but authors and publishers. Textbooks must be large enough to contain most of the relevant information that may be required and at the