

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

same time the size must be limited so as not to overload the reader with too much detail and be reasonably priced. A new book on forensic medicine is certainly needed and it is pleasing to see the subject studied from a fresh standpoint. Polson's book has reached the second edition and received the Milburn prize for 1963-64.

The general layout is well done, it is easy to read and has a good comprehensive index. The first edition had no pictures but 153 were included in the second edition. These are of the type to be expected in a textbook of forensic medicine. The photography is reasonable but many of the photographs are hardly academic and border on the sensational; there are the usual photographs of strangulations, bodies in bedrooms and baths and although not very instructive these are interesting in themselves.

It is stated in the preface that the book is intended to meet the needs of undergraduates, resident medical officers, general practitioners and others. It is well known that of the total number of cases seen by police surgeons and general medical practitioners approximately one-third are sudden deaths, one-third drunk-in-charge and the remainder sexual crimes. The sudden death aspect of forensic medicine is covered in considerable detail and will certainly be most useful to forensic pathologists.

Nothing is mentioned about drunks-in-charge; this is probably deliberate as the author states in his preface to the first edition that "toxicology . . . demands separate treatment and another book . . . is in preparation". There are pictures showing foam on the mouths of drowned men and others showing the arborescent markings caused by lightning, etc. The photography is good but the clinical value limited and it is unfortunate that other important aspects of forensic medicine have not received the same attention. Of the 575 pages, eight are devoted to sexual offences.

The average undergraduate and general practitioner will probably require one book on forensic medicine and unfortunately this is not the book. It is excellent for the pathologist but for day-to-day clinical forensic problems it is sadly deficient.

Enteric Infections. WHO Technical Report Series No. 288. 1964. Geneva. Pp. i+36. Price 5s.

This very concise and concentrated monograph presents an authoritative and up-to-date view on the enteric infections. It starts with a helpful and intelligible section on terminology and classification, leading on to data and information on morbidity and mortality, through the specific pathology and pathophysiology to a consideration of individual intestinal pathogens, each of which is concisely and clearly differentiated. The old classification of eight headings under which diarrhoeal disease was considered has now been reduced to three and the role of malnutrition in diarrhoeal disease is now more clearly defined. The factors contributing to the occurrence of enteric infection are tabulated and analysed and the particular vulnerability of the pre-school child is brought out. The studies of the WHO Diarrhoeal Disease Teams in Guatemala and Mauritius