

spect about advising a change of employment or job. All too often I have seen precipitate action result in permanent unemployment or a change for the worse. The outstanding fact is that, in maintaining chronic bronchitics at work, calculated, but not too finely calculated, risks have to be accepted." Later he speaks against sheltered workshops, and pleads for "sheltered employment in open industry. Chronic bronchitics are absolutely unsuited for segregation because *as a group* they are chronic grouseurs" (due possibly to cerebral hypoxia, as he very fairly points out.)

The final essay from Dr John Hambling discusses the emotional causes of bronchospasm, and shows how optimistic therapy can assist even when bronchial infection has been present for years; in such a multifactorial disease, the doctor must never get 'bogged down' in one line of treatment, and such an off-beat attack as psychotherapy may perhaps occasionally be of use even in chronic bronchitis. The general practitioner will echo most profoundly in his heart the following final sentences from Dr J. V. Hurford: "Perhaps the hardest problem of all in managing the seriously ill bronchitic, especially with respiratory failure, is to know how far to go. The decision must be individual to each physician, but he should ask himself before he uses zealous or heroic measures whether they have a chance of returning this particular patient to at least a bearable existence." Amen.

Biochemical Findings in the Differential Diagnosis of Internal Diseases.

Edited by R. SCHOEN and H. SUDHOF. First English edition, Amsterdam, London, New York. Elsevier Publishing Co. 1963; translated by DR R. GADDIE and MRS. E. ANNA ILLINGWORTH. Pp. i + 428. Price 110s.

The modern clinician, to be fully effective today, needs an understanding of the importance of clinical chemistry in diagnosis and prognosis. Because of the explosion of knowledge in the clinical sciences in the past 20 years, and because three out of four principals in practice in this country today have been qualified for more than 10 years, it becomes progressively more difficult for each to comprehend the range and extent of this new knowledge and how to apply it in practice to individual patient's problems. Many textbooks of general medicine contain much that is relevant yet there are obvious advantages in having in one volume all the facts of modern biochemistry that enable the physician to make proper use of the laboratory.

The editors have, together with their colleagues in the Gottingen school of medicine produced a work of reference based on the authority of practical requirement and experience. Standard methods are described, the physiological and pathological backgrounds are given when describing tests of function. One valuable characteristic of this work is the presentation of relevant material, easily classified, in a series of almost 100 tables each of which has been compiled with differential diagnosis in mind. The range covers studies of carbohydrate, fat and lipid, blood and bile pigment, iron, calcium, phosphorus and water and electrolyte metabolism besides a

detailed description of serum proteins, hormones, enzymes and the mechanism of blood clotting. The sections on immunology and serology and the diagnosis of liver and renal disease are of considerable interest. The chapter on enzymes includes readable summaries of lactic acid dehydrogenase and serum transaminase tests and of their value when diagnosing myocardial infarction; the section on serology includes the application of serological immunological techniques over a wide range of common clinical conditions from virus diseases, through antibody reactions following specific drug therapy, to their application in the diagnosis of rheumatic fever and rheumatoid arthritis.

Arterial Hypertension and Ischaemic Heart Disease—Comparison in Epidemiological Studies. A. M. BURGESS, Jr., M.D., ZDENEK FEJFAR, M.D., D.SC., and AUBREY KAGAN, M.B., M.R.C.P., D.P.H. Geneva. World Health Organization. London. H.M. Stationery Office. 1963. Pp. i + 36.

The purpose of this, implicit in the title, is to enable research workers all over the world to conduct their research in arterial hypertension and ischaemic heart disease in such a way that their results will be comparable. It is emphasized that much valuable research has been and is being done, but that a great part of it is valueless from the epidemiological standpoint because investigators use different standards and it is difficult or impossible to correlate the results.

The recorded incidence of these diseases is increasing; how much of this increase is real and how much is due to a heightened awareness on the part of doctors? One step in the solution of this problem is a general acceptance of a definition of ischaemic heart disease, and one is given. Techniques must be standardized; what level of blood pressure indicates hypertension? When cuff-pressure is released, which of the sounds indicates the level of diastolic pressure? At what speed should cuff-pressure be released? Should blood pressures be recorded to the nearest 5 or 2 mm. Hg.? These and many similar details which tend to be taken for granted are discussed and the importance of agreed standards stressed. Electrocardiography and its interpretation are similarly critically discussed.

Arterial hypertension and ischaemic heart disease are attractive subjects for general-practitioner research and anyone so engaged would do well to give close attention to the standards laid down in this publication.

Occlusion of the Superior Mesenteric Artery. BENJAMIN B. JACKSON, M.D., F.R.C.S. Springfield, Illinois, U.S.A. Charles C. Thomas. 1963. Pp. xiv + 141. Price \$7.50.

During the last fifteen years, as surgeons have become increasingly skilled in the technique of vascular surgery, it is not surprising that they have been tackling with growing success the challenge to their courage