

and skill which is afforded by obstructive lesions of the superior mesenteric artery.

This book describes the anatomy of the superior mesenteric artery, the physiology and pathology of acute and chronic mesenteric arterial occlusion and the diagnosis and treatment of these conditions. It ends with accounts of a number of illustrative cases.

The operative details of embolectomy, endarterectomy and by-pass operations will mainly interest the specialist in vascular surgery. For the general practitioner and for most general surgeons the value of the book lies in the description of the diagnosis and the differential diagnosis from other causes of the "acute abdomen".

Given a high index of suspicion, the author claims that it should be possible to diagnose mesenteric arterial occlusion in three cases out of four, on the basis of clinical history and physical examination.

He also stresses the importance of early laparotomy in such patients, notwithstanding the fact that in the nature of things they nearly all come into the category of poor operative risks. Procrastination, however, is an even greater danger. The mortality of mesenteric ischaemia in non-treated cases is about 94 per cent, and little time should be wasted before resort to surgery.

The book is well produced and the style and illustrations are clear. We recommend it to any doctor who is anxious to increase his knowledge of an uncommon, and usually lethal, variety of abdominal emergency.

Wheeler and Jack's Handbook of Medicine. Revised by ROBERT COOPE M.D., B.Sc., F.R.C.P. and C. A. Clarke M.A., M.D., F.R.C.P. Twelfth edition. London and Edinburgh. E. & S Livingstone Ltd. 1963 Pp. xix + 722. Price 22s. 6d.

This is the twelfth edition of the handbook, the first having been published about seventy years ago. Dr Coope has had the assistance of Dr C. A. Clarke in revising this edition which retains the general layout of the previous one, but like most present day textbooks revision has meant an increase in size, in this case of 72 pages.

Many advances have taken place in all branches of medicine since the previous edition and many conditions at one time common in Great Britain, have now almost disappeared. The authors point out however that this is not true of all countries and so care must be taken as to what 'old material' may be omitted when a book is revised. This of course is especially true when we have many overseas students in our medical schools who will later practice in their own countries. Much new material has been included and the handbook has been thoroughly revised and brought up to date.

As before, the handbook is intended primarily for the medical student as an adjunct to his clerical work, it will also be useful for quick reference, and 'handy' for the general practitioner to have on his surgery book-case.

This remains a most excellent handbook, clearly written and easily

read, covering a vast amount of ground in relatively few pages. It contains many diagrams and a few photographs of high quality. Quick reference is made easy by an excellent index and a detailed table of contents.

This book can be thoroughly recommended.

Family Psychiatry. JOHN G. HOWELLS, M.D., D.P.M. Edinburgh and London. Oliver and Boyd, 1963. Pp. v + 110. Price 18s.

“This book describes a service to combat emotional disorder, and how this service utilizes the family as the functional unit; patients in all age groups are accepted as a means of introduction to the family, which is thereafter, both in investigation and treatment, considered as a whole.” “In family psychiatry a family is not regarded merely as a background to be modified to help the presenting patient alone. Family psychiatry accepts *the family itself* as the patient, the presenting member being viewed as a sign of family psychopathology”. The Ipswich service is the subject of this admirable book.

When one meets a good idea, one wonders why no one thought of the same thing long ago. Why do not all psychiatric clinics treat whole families? In fact, there are only two other services in this country like the Ipswich one. Why is it such an obviously good idea? “It could be said that the family is the crucible wherein the personality is forged. The child, if disturbed, becomes the disturbed adolescent, who in turn becomes the disturbed parent, and it is found that it is precisely those disturbed parents who are most likely to create disturbances in their children. So the wheel turns a full circle, and these vicious circles go spinning into time and perpetuating neurosis or emotional disturbance. The central problem for psychiatry is how to break into this vicious circle.” “In estimating families in these dimensions, it is necessary to employ new means of investigation, new test procedures and a new organization, all planned to reveal the true family emotional situation quickly and to evaluate it in emotional terms, as a preparation to giving an emotional prescription.” The book includes an attempt to evaluate the results of the service; the successes claimed are limited, and therefore convincing.

All this is important to us. General practitioners are much the largest source of referral of patients to this service. Indeed one proof of its value is that the local practitioners referred 66 times as many cases in 1959 as in 1947. “The general practitioner’s attitude towards the clinic determines to a great extent the attitude of his patients towards it”. “It has always been the policy of the service to refer back to the general practitioner all the cases that his facilities enable him to deal with. It is encouraging to see the way in which the outlook of the practitioner has broadened through the years. He now regards himself as responsible for family situations, including marital problems and delinquency”. It is clearly the policy of this service to arouse general practitioner’s interest and by continual contact to increase his skill in psychiatric work. A con-