

and leaves to conjecture the reason why there should be prolonged nitrogen loss after bony injury in fractures of the upper and lower limbs, since the former are not normally associated with prolonged immobilization. The illustrations are outstandingly good and the book is of a handy size to read in an armchair.

Principles of Clinical Electrocardiography. Fifth edition. MERVYN J. GOLDMAN. Lange Medical Publications. Los Altos, California; and Blackwell Scientific Publications, Oxford. 1964. Pp. 377. Price 42s.

The author states in the preface that his intention has been to present the basic concepts of electrocardiography and their clinical application, and that the material so presented has been simplified, excluding exhaustive and detailed treatment of the subject matter. Nevertheless, it is a large and comprehensive book, the demand for which can be judged from the fact that it is the fifth edition since 1956. The visual method of presentation is extensively used, and more space is devoted to diagrams and to reproductions of electrocardiograms than to text. The chapters on arrhythmias and disturbances of conduction are exceptionally good.

In general, the balance and proportions are good but the introduction to vectorcardiography (26 pages) is so brief that it is doubtful whether it serves any useful purpose. Furthermore, when it was inserted, the earlier text was not completely reviewed and brought into line. For example, the electrocardiograms reproduced on pages 182, 183 and 188 purport to show multiple infarctions, but many would subscribe to the view that they show infarction with peri-infarction block, and would deny that multiple infarctions can be diagnosed by this method. Vectorcardiography makes the whole subject of electrocardiography more intelligible; several books are mentioned for further reading, and of these your reviewer would recommend that by Grant.

The chapter on "Interpretation of the Electrocardiogram" is very instructive. It contains examples of most electrocardiographic abnormalities, and as they are deliberately mixed they provide an excellent test of the reader's grasp of what has gone before. The appendix is a brief summary in the form of a guide to electrocardiographic interpretation. It consists of a series of reproductions of electrocardiograms, each with the diagnosis and reference to the page of the text for full description. It is a helpful form of quick reference when confronted with an unusual electrocardiogram.

For an American book of its size, the price is modest but this appears to have been achieved by some sacrifice of quality in the production. It is one of the best books on electrocardiography and well deserves its evident success.

Principles of Preventive Psychiatry. GERALD CAPLAN, M.D., D.P.M. London. Tavistock Publications. 1964. Pp. xi+304. Price 42s.

Despite its somewhat formidable exterior this book should have a wide appeal. Dr Caplan is concerned to reduce the mass of mental ill-health

by the use of psychiatric knowledge and techniques directed in the community sphere, rather than in the traditional doctor-patient relationship, and with an accent on prevention of mental breakdown as well as treatment and rehabilitation.

The author, who is associate professor of mental health at Harvard University, has a wide international experience in this new and exciting field, including work in the Tavistock Clinic in London, as well as in Israel and many European countries. He is consultant to the famous Peace Corps, and his advisory pamphlet to the Peace Corps trainees on adjustment overseas makes an interesting appendix.

The book is planned as volume one of a trilogy. The second and third volumes are to deal with more detailed problems of technique for the specialist worker, but this volume according to the preface is "designed to interest a wide audience—social scientists, professional workers in other fields and students of community affairs."

Preventive psychiatry in Dr Caplan's concept has as its aim the reduction of the incidence of mental disease of all types, its duration when it occurs, and the impairment which may result. In the community field the psychiatrist does not normally have direct contact with the individual patient, but rather exercises his influence through the work of professional 'care-givers' such as doctors, nurses, teachers or clergymen on the one hand, and also less directly through what he terms 'key citizens' or 'helpful people' on the other—those whose occupations and natural understanding make them liable to be turned to by their fellow-citizens in an emergency.

The family doctor does not appear to occupy a prominent place in Dr Caplan's scheme—nurses and teachers being more to the fore in such existing community mental health schemes in the U.S.A. As he stresses the importance, for the community psychiatrist, of working initially with those groups who show most interest and enthusiasm, there is perhaps a moral here.

This book deals with what may well be the "shape of things to come" in the field of mental health. The general practitioner who wishes to play a full and useful part in this work will find here an excellent introduction to the issues and methods involved.

Leprosy in Theory and Practice. R. G. COCHRANE, M.D., CH.B. (Glas.), F.R.C.P. (Lond.), D.T.M. & H. (Eng.), and T. F. DAVEY, C.B.E., M.D., CH.B. (Manch.), M.Sc. (Lond.). Bristol. John Wright and Sons Ltd. 1964. Pp. xviii + 659. Price 115s.

In the second edition of *Leprosy in Theory and Practice* Dr R. G. Cochrane has been joined by Dr T. F. Davey as co-editor and the scope of the book has been greatly extended so that this edition has been rightly hailed as the finest textbook on leprosy that has yet been produced.

Dr Davey, whose work in Nigeria is known to leprologists the world over, is a field research worker of the first order and his special contribu-