

ness. The section on hypnosis in removal of such habit patterns as alcoholism, obesity, smoking, insomnia, and narcotic addiction, may well be of professional and personal interest to medical practitioners.

M. DICBY LEIGH, M.D.

An Atlas of Hemodynamics of the Cardiovascular System. By HOWARD L. MOSCOVITZ, M.D., Assistant Attending Physician and Senior Member of Cardiac Catheterization Team, the Mount Sinai Hospital, New York City (Ephraim Donoso, M.D., Ira J. Gelb, M.D., and Robert J. Wilder, M.D.). Cloth. \$11.75. Pp. 277, with 125 illustrations. Grune & Stratton, New York and London, 1963.

This book is very unusual in that the authors have attempted to find a middle road approach to the past lengthy classical textbooks of cardiology, and the traditional atlas restricted to illustrations with pertinent captions. The wide scope of cardiovascular hemodynamics has been presented, combining illustrations with a discussion of a basic hemodynamic concept. Considerable emphasis has been placed on experimental observations in animals in all the illustrations. Thus, acute alterations in severity of vascular lesions, and an abrupt onset and termination of arrhythmias has been possible.

The illustrations more often than not serve as a take off point for presentation of a basic hemodynamic problem or discussion of recent concepts of pathophysiology of a given cardiac lesion.

Combined pressure, sound and angiocardiographic correlations have been utilized wherever possible. Liberal use has been made of intracardiac phonocardiographic technique to record sounds within the chambers of the heart. A wide range of topics has been illustrated including the dynamics and angiography of the normal heart, congenital valvular and septal defects, coronary artery disease, acute and chronic pericardial disease, hemodynamics of hypothermia, flow murmur and the atrial heart sound. The book is excellently written, and presented to be of interest not only to full time investigators in cardiovascular research but also to medical students, clinical cardiologists and all physicians practicing any branch of clinical medicine.

V. K. STOELTING, M.D.

Cardiac Arrest and Resuscitation. By B. B. MILSTEIN, M.B., B.S., F.R.C.S., Consultant Thoracic Surgeon to the East Anglian Regional Hospital Board; Hon. Consultant Thoracic Surgeon to the United Cambridge Hospitals. Cloth. \$7.00. Pp. 231 with 37 figures. Year Book Medical Publishers, Inc., Chicago, 1963.

The author's interest "was stimulated by the practice of cardiac surgery, in which cardiac arrest is not infrequently observed." He has written most completely to cover just what the title im-

plies. His purpose is stated in the preface: "To describe the treatment of cardiac arrest so that all doctors can be fully prepared to deal with it wherever the emergency occurs. These directions could be written on a post card, but if they are to be firmly fixed in the forefront of the mind, the theory behind the treatment must be appreciated." The author deals thoroughly with the history, prevention and treatment, as well as the pathology involved in cardiac arrest. External compression of the chest is dealt with, and a discussion is given as to when to attempt to resuscitate. The text is written so as to be interesting, authoritative, and accurate. The definition given by the author is all-inclusive, but the resuscitative concepts are applicable in all cases. This book is recommended to anyone caring for patients who has not attained familiarity with the subject.

ROBERT W. VIRTUE, M.D.

Electrocardiography. SECOND EDITION. By MICHAEL BERNREITER, M.D., F.A.C.P., Assistant Clinical Professor of Medicine, University of Kansas Medical School; Chief of Electrocardiography, St. Mary's Hospital, Kansas City, Missouri. Cloth. \$7.50. Pp. 202, with 3 tables and 162 figures. J. B. Lippincott Co., Philadelphia and Montreal, 1963.

Virtually every operating room suite in America today is equipped with one or more means whereby electrocardiogram may be monitored during surgery and anesthesia. Unfortunately, not every anesthesiologist working in these operating room suites is capable of intelligent interpretation of the records which unfold before him. In his search for such knowledge, he may consult textbooks on electrocardiography. Many of these soon lose his interest because they become involved in lengthy discussions of vector cardiography and erudite theories to explain rare phenomena. In his busy clinical practice he needs straightforward explanations and illustrations of abnormalities that he may encounter from day to day.

For these reasons, it was a pleasure to leaf through and examine Dr. Bernreiter's lucidly and abundantly illustrated volume. The accompanying text is didactic and devoid of frills, and in a succinct manner describes variations of the norm which may cross the oscillograph from day to day. Of particular interest are chapters on "Ischemia, Current of Injury and Death of Myocardium," "Electrolyte Imbalance and the Electrocardiogram," and "The Effect of Digitalis and Quinidine on the Electrocardiogram." There is also a short section on artefacts and technical errors, which may prevent undue alarm at times in the operating room. This volume and its illustrations are recommended to any anesthesiologist who wishes to stand on firmer ground as he reads the electrocardiogram from day to day.

C. R. STEPHEN, M.D.