

should include programs which emphasize the care of the individual from the long-range point of view, and the prevention of extended disability which may result either from acute or chronic disease.

Rehabilitation, an unfortunate term in its connotation of action *after* definitive medical care, should be permitted to exercise its proper function of preventing disabilities as soon as the acute medical emergency has passed. If the physician will learn this, then a cooperative effort can be made to avoid the deterioration of the patient which is due largely to neglect.

Institutional care of long-term patients has been overemphasized, and the creation of more beds for their care will not solve the problem. Many of these patients can, under suitable circumstances, be cared for as well, and more economically, at home. The inescapable conclusion of this report is that the responsibility for the care of the long-term patient belongs in the whole community.

The reviewer recommends this volume to those concerned with chronic illness for its readily comprehensible presentation of facts and specific recommendations for corrective action.

THE PATHOGENESIS OF CORONARY OCCLUSION. By A. D. Morgan, M.A., M.D., \$8.50, pp. 171, Charles C. Thomas, Springfield, Illinois, 1956.

This book is, in the opinion of the reviewer, the most significant work on the subject of arteriosclerosis since the symposium edited by Cowdry in 1933. The reason for this is that the author takes the broad viewpoint; he lifts his eyes and sees the horizons—a most desirable procedure in a field so dominated by unitarian biochemical and statistical hypotheses that Duff and McMillan were forced to remark, in a valuable recent review, that "the casual reader of recent literature might wonder whether some authors conceive of an atherosclerosis so independent of the vessel wall that it may occur in the absence of the blood vessels themselves."

Dr. Morgan takes us back to the blood vessels, first with an historical review which is remarkable for combining lucidity, brevity and inclusiveness, then with a morphological study which is balanced and, on the whole, convincing. With a refreshing lack of emphasis on cholesterol and lipoproteins, he presents and illustrates his observations and gives reasons for applying now one, now another, of the various hypotheses that have appeared in the literature. On the whole, he favors the thrombogenic theory of Duguid, interpreting coronary occlusion (as distinct from lesser degrees of atherosclerosis) as the result of old or recent thrombosis, and regarding the deposits of fibrin so readily demonstrable in the larger atheromatous plaques as indicating that such plaques may be the result of previous thrombosis rather than of lipid infiltration. In so doing, he gives credit to various observers, from Rokitsky on, who have contributed to this point of view. Also, he takes care, like Duguid, not to claim that all atherosclerosis may be explained as the result of thrombosis, and to admit that lipid infiltration may play a part in contributing to the formation of the smaller plaques. However, the emphasis is toward regarding lipids as secondary, aggravating factors rather than primary incitants. Indeed, as the author points out, a

good case can be made out for the new trend toward examining the effect of diet on the coagulability of the blood rather than emphasizing its lipid content alone.

There are minor defects. The chapter on "Correlations" suffers, as the author admits, from a paucity of cases. The conclusion (from the London Hospital records) that coronary atheroma has not increased in the past fifty years, while coronary occlusion has, may be questioned if one realizes how inadequately atherosclerosis is quantitated at the usual autopsy table. The increase in coronary occlusion, of course, can hardly be doubted, since it is one of the pressing problems of our time.

The refreshingly broad outlook of the author is well expressed in a few sentences taken from his concluding chapter: "Thus, many a seeker after the cause of atherosclerosis has touched some facet of the truth and mistaken it for the whole. It has been variously claimed at one time or another that atherosclerosis is due exclusively to cholesterol, to haemorrhage, to thrombosis, to chylomicrons, to physiological ageing, to mucoid degeneration and to a whole series of anomalies of lipid metabolism. Some, observing one attribute, have professed a new definition of atherosclerosis in terms of this attribute. The truth is that atherosclerosis is each and all of these things and many more, some of them no doubt still to be discovered. It is that tendency to think of 'fatty infiltration,' 'atheroma' and 'arteriosclerosis' as aetiological entities rather than makeshift descriptive terms, that leads to error and retards advances. Indeed, the evidence suggests that we may be wrong in regarding atherosclerosis as a specific disease rather than a nonspecific reaction by the artery wall to a variety of noxious stimuli. There is a limited number of ways in which an organ or a tissue may alter morphologically, and it may be that atherosclerosis is one type of reaction to a variety of insults."

PRACTICAL PEDIATRICS. By R. Cannon Eley, M.D., and Benjamin Kramer, M.D. \$7.00, pp. 309, the McGraw-Hill Book Company, Inc., New York, 1958.

This book is one of a series for the general practitioner. The authors are all well recognized authorities in their respective fields. Of the present volume they state that their purpose ". . . is to describe in simple language accepted practices and procedures in pediatrics which can readily be acquired and practiced by the general practitioner and to present those aspects of pediatrics which are most likely to challenge the practitioner in his everyday practice." Currently accepted opinions and practices in many pediatric areas are clearly and succinctly stated. Of particular merit are the chapters on "The Newborn," "The Premature Infant," "The Management of Meningitis," "Immunization Procedures," "Fluid and Electrolyte Balance" and "Poisoning." Diabetes mellitus is discussed briefly and in broad generalities. The management of infants born of diabetic mothers is given in greater detail. Some important entities such as cretinism and pediatric endocrine problems in general are not accorded sufficient consideration; others receive more than their due.