

## Reviews of Books

### Cardiac Pre-excitation Syndromes

Edited by David G. Benditt and D. Woodrow-Benson.  
Dordrecht: Martinus Nijhoff. 1986. Pp 550. Dfl375; \$105;  
£75.95.

It is no wonder that anomalous pathways and pre-excitation have fascinated electrophysiologists since electrophysiology became established as a science. In no other form of arrhythmia has there been such a clear-cut correlation between an anatomical finding (the accessory pathway) and a physiological event (the arrhythmia). With the flourishing of intracardiac electrophysiological investigation and more recently, ablation, a vast amount of information about pre-excitation is accruing. This is of importance not only to the 0.5% of the population with pre-excitation but also generally to the study of arrhythmias, in as much as re-entry tachycardias are a model for other arrhythmias that are considerably more difficult to investigate.

This multi-author book seems to have been written mainly for electrophysiologists, although some chapters—for example, those dealing with electrocardiographic manifestations of pre-excitation and criteria for referral for electrophysiological study—are relevant to general cardiac practice. Most of the authors are from the USA and Canada (none, sad to say, from the UK). The enthusiasm electrophysiologists feel for pre-excitation is apparent on every page, the result being an excellent book containing detailed up-to-date information covering all aspects of pre-excitation in adults and children.

This is not to say that there are no criticisms. Such a detailed treatment of the subject has not been attempted before in one book, and it is a pity that the editors did not take the opportunity to tackle nomenclature. There is inconsistency in the names of tracts, connections, and pathways, but more importantly the arrhythmias themselves are called different names by different contributors. The editors should have produced a clear statement on definitions and made sure it was followed. They have also allowed considerable overlap between the chapters. This might be an advantage if the chapters were read in isolation, but the duplication makes the text

unnecessarily long and becomes irksome when the text is read as a whole. As with many American textbooks, the weakest section deals with drug therapy. Chapters 20 and 21 leave one wondering why the editors did not ask for a contribution on this topic from an electrophysiologist working in Europe who would have had experience of a wider range of drugs.

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### Medicine and the Behavioural Sciences

Michael J. Pritchard. London: Edward Arnold. 1986. Pp 352.  
£19.95 (paperback).

MEDICAL students do not always think well of the behavioural sciences, and their doubts can be reinforced by medical school teachers' disparaging references to "the minor subjects". In Britain psychology and sociology entered the preclinical curriculum after the 1968 Royal Commission on Medical Education (the "Todd Report"), and, as with many processes carried out by fiat, there was often resentment and scepticism within the schools. To counter such resistance the subjects must be taught with enthusiasm, commitment, and involvement. Clinical material must link general psychological principles to their medical applications. The role of evidence and scientific method must be clearly emphasised since most medical students will not previously have encountered the social sciences, being trained in biology and the physical sciences. Such experience must be built upon, emphasising the commonality of method and the feasibility of the enterprise but the uniqueness of some of the solutions. Finally there must be good textbooks, not only for students, but also for doctors (and medical school teachers) who wish to find how behavioural insights can be applied to their own specialty.

This expensive book satisfies few of those needs and cannot be recommended. It is both vacuous and prolix (200 000 words). There are few figures; none shows actual data and some (eg, the random squiggle of figure 6.1 "A typical learning curve", and the box diagrams with all possible interconnecting arrows) typify armchair theorising. The text has an old-fashioned feel, and this impression is strengthened by the bibliography; the average citation was published in 1961, half were published before 1965, and

two-thirds appeared before the Todd Report—hardly giving the impression of fresh, dynamic subjects (and there have been 450 000 publications in psychology alone since 1970). Finally, it is short on clinical relevance: references to topics such as smoking, alcohol, drug abuse, obesity, type A behaviour, and mental handicap are limited, superficial, or absent.

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