An Unquiet Life: Memoirs of a Physician and Cardiologist. J F Pantridge. (pp. xii + 122; £9.95.) Antrim, Northern Ireland: Greystone Books, 1989. ISBN 1-870157-07-9. We have been asked to point out that this book is no longer available from Greystone Books. Copies should be ordered from: The Secretary, The Heart Fund, Institute of Clinical Science, Royal Victoria Hospital, Belfast BT12 6BA, or from bookshops in Northern Ireland.

Cardiologists world wide will know or know of Frank Pantridge as one of the "personalities" of our specialty in the postwar years, and also as the father of pre-hospital care for myocardial infarction. Pioneers do tend to have similar attributes that command attention: not only originality but boundless energy, dogged determination, and a readiness—with suitable provocation—to show disrespect for the establishment. These qualities come blazing through this fascinating autobiography with a tercina incisiveness that is so characteristic of the author.

This is not an autobiography but a collection of reminiscences as the subtitle suggests. It is written for the general reader. If cardiologists find a particular fascination with the book it will be because they learn more of the man and not because the contents have any narrow interest. The title "Pantridge" can hardly emerge until the last 30 pages. After some insights into his student years we have two harrowing chapters on the author's war service, that of a medical officer in Singapore and very soon as a prisoner of the Japanese. Some of us old enough to remember those dark days still need reminding that incredible incompetence allowed 30,000 Japanese to defeat 85,000 allied troops who were given little chance to defend what should have been an impregnable fortress. And that in one camp only 182 of 1600 British prisoners survived the war (most camps were little better). As we read of the atrocities and of the privations that were suffered by those who were captured, we cannot marvel at the spirit that kept any of them alive. How easy to understand why Pantridge remains full of anger after so many years—anger on account of the blame he strove to prove professors in battle to endure terrible conditions and seemingly so needlessly: colleagues, friends, strangers from other lands. But of self pity there is none. Indeed Pantridge makes the point that such experiences can even be salutary; but only an indomitable character could remain sufficiently unscathed to emerge the tougher for such an apprenticeship to life.

I first encountered Pantridge in 1968 after a lecture on the new concept of pre-hospital care that was given at the Massachusetts General Hospital where I was then working—a meeting that made more impression on me than it would have done on one of the audience, I was unimpressed and deeply sceptical. A prophet is not recognised in his own country, but neither is he recognised by strangers. Pantridge has the latter rather than insight that led to my own conversion to the cause a year or so later. I was not the last, and indeed only recently has the value of Pantridge's work been widely appreciated in Britain. Even now, Pantridge himself has not received the acclaim that might seem appropriate for one who has made such a major contribution; perhaps the very characteristics that enable a man to modify standards held for a lifetime are not seen as likely to earn the reward of recognition.

This little book remained too long on my shelf with other tasks that awaited convenient moments that so rarely come. But once I had opened it I found it was not chaff. It was full of interest, and I have profited from having read it. Others will feel the same.

DOUGLAS CHAMBERLAIN
medicine at Cambridge and Guy's. A Rockefeller fellowship was taken in his stride and this took him to Johns Hopkins in 1925-6. There his earlier mathematical training led him into electrophysiological studies and he was just one step ahead of Frank N Wilson in propounding the doublet (dipole) hypothesis for cardiac activation. This work brought Craib to the attention of Sir Thomas Lewis when he returned to London in 1926, and he was persuaded to take up a Medical Research Council fellowship at University College Hospital. But for all sorts of reasons he seems to have got on badly with a host of luminaries, including Willem Einthoven and Lord Adrian. After completing an account of his studies that was published in 1930 as a Medical Research Council Special Report on electrocardiography, he abandoned London—and research—and returned to South Africa to undertake consultant practice in Johannesburg. Soon, despite local antagonism, he was appointed part time professor of medicine but was not given the full time chair when this was created at the end of the second world war. His latter years were occupied with practice followed by research administration; and then he recalled past glories and slights. At this stage of his life Craib became a voluminous correspondent, apparently determined to correct historical errors and to justify himself; but the old adversaries were now gone. Adams gently agrees with those who have claimed that Craib had exaggerated some of the events. Indeed he received international recognition fifty years after his great days, as his letters were passed around. As he had given up research and writing for international journals, it was with some surprise that he was discovered by those who had continued along the lines that he and Wilson had laid down. It is particularly gratifying that Barry Adams qualifies some of the hostile memories that dominated Craib's last years and tries to get the balance right. Craib's ambivalent feelings about Lewis should be tempered by the knowledge that in reporting to the Medical Research Council that, despite Lewis's advice to the contrary, Craib was determined to resign, Lewis stressed that "...I have regarded him for some while as one of the most, if not the most promising candidate (sic) for a professorship of clinical medicine and research in this country within the space of a few years." His departure was a great loss, but others took up the thread, and unipolar electrocardiography soon prevailed. Craib was virtually forgotten outside South Africa and even there the importance of his early work was not fully appreciated; but this graceful account by one of his most distinguished pupils rectifies these omissions. Adams evades only two, perhaps impossible, questions. What might Craib have achieved had he remained in the mainstream? And was there some personal quirk that prevented him from following such a path?