The New England Journal of Medicine (NEJM) is a weekly medical journal published by the Massachusetts Medical Society. It is considered one of the most prestigious medical journals in the world.

The journal publishes original research, case reports, reviews, and editorials on a variety of medical topics. It is known for its high standards of peer review and rigorous editorial process.

The journal covers all areas of medicine, including but not limited to cardiology, infectious diseases, surgery, pediatrics, neuroscience, and more. It is a valuable resource for healthcare professionals, researchers, and students in the field of medicine.

To the Editor: Although it was not mentioned in the Discussion of Case 22-1987 (May 28 issue),1 it is noteworthy that the serum lactate dehydrogenase (LDH) was markedly elevated (420 U) on admission, with normal isoenzymes. Elevated serum LDH, with a normal isoenzyme pattern, may occur in association with several solid tumors, including lymphoma and lung cancer.2 Indeed, elevation of serum LDH may be an early sign of occult malignant lymphoma.3 and at least in our experience, such lymphomas are usually of the intermediate or high-grade histologic subtypes. In non-Hodgkin's lymphoma, the level of LDH elevation correlates with the tumor burden and disease activity and is an important prognostic factor.5,5 Clinicians should thus consider an underlying cancer, especially lymphoma, in patients with no apparent cause for a markedly elevated serum LDH. Since malignant lymphomas are potentially curable with chemotherapy, a thorough evaluation including an abdominal CT scan is indicated in such patients.

Donald C. Doll, M.D.
Harry S. Truman Memorial Veterans Hospital
Columbia, MO 65212
University of Missouri

THE BEHRHORST FOUNDATION

To the Editor: I enjoyed reading Dr. Horton's excellent article on the Behrhorst Clinic of Guatemala (June 25 issue).* The struggle for health in the developing world is indeed a fascinating process that has captured the interest of many U.S. physicians.

Having just returned from one year as a medical missionary to Mexico in the state of Chiapas, which borders Guatemala, I'd like to offer a perspective from the other side of the volcanoes. Chiapas is the home of thousands of Guatemalan refugees who arrived there in great numbers in 1982 and 1983. Dr. Horton's view that in Guatemala the "army has ceded power to an elected civilian president" is belied by the refugees' continued presence. To date, less than 1 percent of the 40,000 "officially recognized" refugees — the estimated actual number is more than 800,000 — have returned to their homeland. Although much pressure has been applied for them to do so, a stronger message is carried by the rivers that flow down from the Guatemalan highlands into the Mexican plain, where they regularly deposit bloated bodies of dead campesinos with their limbs tied behind their backs. The Guatemalan military has, in fact, ceded nothing.

Statements such as "the key to health is the effective application of appropriate technology and resources" are correct but rather excessively technical considering the circumstances. For example, the very appropriate technology of vaccinating the whole population, poor as well as rich, understandably breaks down when the bearers of the vaccine are assassinated. Of the 45 health promoters trained by Dr. Behrhorst over the past few years, only 18 continue alive and accounted for. The others have been killed or driven into hiding by the military that still rules Guatemala and is, in my opinion, the single most serious disease that confronts its people.

Thomas Schlenker, M.D.
Milwaukee, WI 53215

To the Editor: Dr. Horton has given an excellent report on the Behrhorst Development Foundation. In 1977 I spent three months at the Behrhorst Clinic as a medical student. I was impressed by Dr.
Behrhorst's energy and his innovative ideas about medical care in developing countries. It was revolutionary in the 1960s and 1970s for a medical doctor to practice preventive medicine by organizing water projects and loan funds to purchase land. Until that time, the ideal curative doctor was a self-sacrificing physician like Albert Schweitzer. I am glad to hear that the Chimaltenango projects still flourish.

However, Dr. Behrhorst is very charismatic, and it will be difficult for him to retire and find local Guatemalan counterparts to run all his projects. The "brain drain" of medical students and doctors to the capital and even to the United States is another big problem. Dr. Horton's report sounds optimistic, but I am still in doubt about whether Dr. Behrhorst will reach his goals completely. On the other hand, his wide recognition has been greatly beneficial to the Chimaltenango development project.

6500 Mainz, West Germany
Johannes Gutenberg University

K.M. Keller, M.D.

The above letters were referred to Dr. Horton, who offers the following reply:

To the Editor: Political violence in Guatemala has cost the lives of thousands of innocent civilians, including health promoters. Both the army and the guerrillas share the blame for these deaths. The situation has improved with the recent election of a civilian president, but Dr. Schlenker correctly notes that the military remains powerful, and violations of human rights have not ended completely. The question is what, besides denunciation of the military, can be done to help bring peace to Guatemala.

Dr. Keller alludes to a number of challenges facing the Behrhorst foundation in the future. Although Dr. Behrhorst will be playing a less active part, I believe that the foundation will continue to thrive. The need remains too great for it to falter.

Jonathan C. Horton, M.D., Ph.D.
Washington, DC 20007
Georgetown University Medical Center

Letters to the Editor should be typed double-spaced (including references) with conventional margins. The length of the text is limited to 40 typewritten lines (excluding references). Abbreviations should not be used.

BOOK REVIEWS

STROKE


Managing cerebral vascular disease is like walking through quicksand: one may have a general plan for dealing with the problem, but invariably there are spots where the more solid ground gives way, and further progress is made only by the most careful and deliberate of efforts, without any useful experience to serve as a guide.

In this book, three respected experts have produced a scholarly and thoughtful review of the general subject. The great strength of their effort lies in their broad perspective, spanning not only the entire field of cerebrovascular occlusive and hemorrhagic disease but also its intellectual development. The book begins with a delightfully essay on the history of medical concepts of cerebrovascular disease. The next several chapters systematically review the anatomy and physiology of the cerebral circulation, the pathophysiology of cerebrovascular disease, and the epidemiology and risk factors for stroke.

The second portion of the book reviews the main types of cerebrovascular disease. Despite the use of rigid, sometimes artificial categories to separate transient ischemic attacks from progressing and completed strokes, the approach is internally consistent. Each subject is discussed as impartially and completely as the controversial literature allows. Most important, the authors recognize this latter point and consistently refer to the various viewpoints represented, so that even the most contentious readers can review the data and come to their own conclusions. In the last third of the book, a variety of "special problems" (many discussed briefly in the early chapters) are carefully considered, including strokes in children and young adults and during pregnancy, and multi-infarct dementia.

In general, the authors' management approach is colored by their experience. That is not necessarily a bad thing, for in many instances the published data are inconclusive and clinical experience is the only guide. On the other hand, some of the suggestions will appear a bit outdated to many clinicians. For example, the authors appear to advocate three months of warfarin treatment for patients with new transient ischemic attacks, although most neurologists today would begin with antiplatelet therapy. Nor would many neurologists (or internists) agree with the authors' approach to treating hypertension, with all but ignoring the angiotensin-enzyme inhibitors (in one table, captopril appears to be listed as a form of clonidine). There are other glaring omissions: of steroids as a definitive therapy for subdural hematomas, and of calcium-channel blockers for migraine — especially important since they are rapidly becoming the prophylactic drugs of choice.

There are relatively few errors, but some are annoying. At one point the text seems to advocate exploratory surgery on a minimally stenosed carotid artery with no ulceration, if the patient is symptomatic. Elsewhere, superior sagittal sinus thrombosis appears to be equated with pseudotumor cerebri. The description of clotting factors affected by warfarin incorrectly states that the prothrombin time is more sensitive to factor II than to factor VII, because of its short half-life. The reverse is true. A concentration of 0.5 normal rather than 0.5 percent saline is used for intravenous fluid, and it is no longer necessary to perform a tracheotomy on patients after 72 hours of intubation. Aside from numerous distracting typographical errors, perhaps the most annoying error in the book (because it is printed in red on the cover) is an incorrect origin for the anterior spinal artery.

All of this is minor, however, in view of the task the authors have undertaken and the generally high quality of the result. These careful and scholarly reviews of a most difficult subject will certainly earn a cherished place on the shelves and in the day-to-day practice of neurologists, neurosurgeons, internists, and others who deal with stroke. The authors should have a chance to update the therapeutics and correct the minor errors in a second edition of this book, which is certainly warranted.

Clifford B. Saper, M.D., Ph.D.
Chicago, IL 60637
University of Chicago

THE CHRONIC MENTAL PATIENT/II


The professional and lay public alike have a dreary picture of chronic mental illnesses. This is due in part to the poor grooming and bizarre behavior characteristic of the disability phase of these conditions, as well as to the anxiety that most people (including the mentally ill) have about "not being themselves." Unfortunately, the rhetoric promising amelioration has added to the dread of mental illness by repeatedly depicting the plight of mentally ill persons as confined to large institutions or cast into the streets to live in confusion and squalor.

Schizophrenia is definitely not fun; the myth of the cheerful lunatic who is "happier than we are" is just that — a myth. On the other hand, several studies of severe mental illness show that many persons with the most pronounced disorders return to independent functioning, with only a moderate persisting disability. Media stories highlight the rare outbursts of violence by mentally ill persons and stress the atrocious conditions that sometimes prevail in institu-