Reviews

SEX ENDOCRINOLOGY

Office Endocrinology. By Robert B. Greenblatt, M.D., C.M. Second edition. With foreword by G. Lombard Kelly, M.D. (Pp. 243; illustrated. 22s.) Springfield and Baltimore: Charles C. Thomas; London: Baillière, Tindall and Cox. 1944.

This small, eminently practical, and informative book can be thoroughly recommended to those who are overwhelmed by the intricacies of present-day endocrinology, and have need of a simple and direct guide to the use of hormones in practice. The subject-matter is limited almost entirely to male and female sex endocrinology, and consists of a collection of post-graduate lectures in an abbreviated form. Theoretical and experimental data are mostly omitted, though there are chapters on the development of the gonad and the physiology of the ovary and menstruation—and excellent chapters they are, stating the latest views concisely and simply and giving just enough information to provide the background for hormone therapy. Not only is the management of such conditions as amenorrhoea, menorrhagia, and cryptorchism described, but also the more difficult and obscure symptom-complexes such as obesity, libido, hirsuties, menstrual malaise, headaches, and nervous-tension states. Full details of hormone preparations and dosage are given throughout, and there is a valuable summary of the main actions of the various principles, together with a list of their proprietary preparations (British ones unfortunately omitted). Simple diagnostic techniques, such as endometrial biopsy, vaginal smear examination, testicular biopsy, and the method of implanting hormone pellets, are also described.

The book bears witness to some differences in outlook which obtain in America as compared with this country. Thus there is only scanty reference to stilboestrol and other synthetic oestrogens which have never found much favour in the U.S.A. On the other hand, male hormone therapy for disorders in the female, which is not extensively employed in this country, is recommended, often as the treatment of choice, for nearly every condition mentioned. Such treatment is comparatively new and its proper place has not yet been determined, but it evidently has a strong advocate in Prof. Greenblatt.

Many will object to the use of the term "medical curettage" to denote the induction of uterine haemorrhage or endometrial shedding by hormonal means, but the book contains little that warrants criticism. It is both instructive and fascinating, and those who turn to it as a practical guide can hardly fail to be stimulated to pursue the subject further in the more academic writings to which reference is made at the end of each chapter.

ARTIFICIAL PNEUMOTHORAX

Artificial Pneumothorax in Pulmonary Tuberculosis: Including its Relationship to the Broader Aspects of Collapse Therapy. By T. H. Rafferty, M.D. Introduction by Henry Stuart Willis, M.D. (Pp. 192; illustrated. $4.00 or 21s.) New York: Grune and Stratton; London: William Heinemann.

Artificial pneumothorax has been increasingly used during the past 25 years at least, yet (as Dr. Henry Stuart Willis puts it in the introduction) "a detailed study from England a few years ago left one in a totally equivocal state of mind as to its merits." He presumably refers to F. J. Bentley's report to the M.R.C. in 1936 on "Artificial Pneumothorax: Experience of the London County Council." But Dr. Rafferty shows how impossible it is to assess statistically "the real long-term value" of artificial pneumothorax, particularly as not enough material of patients treated on modern lines and followed up for an adequate period is at present available. Nevertheless he leaves little doubt about its important place in the treatment of pulmonary tuberculosis provided indications and management are based on certain definite principles—principles that must show full appreciation of the differences between effective and ineffective pneumothorax, and include wider use of bronchoscopy and pneumonolysis. Complications occur or bad *remote* results will often follow when these principles are ignored.

While it is now generally recognized that collapse measures other than artificial pneumothorax are preferable in certain circumstances, it may appear revolutionary to reject the idea long held that an artificial pneumothorax should always be attempted before a thoracoplasty is done. But the technique and results of this operation have so greatly improved in recent years that a *primary* thoracoplasty is, according to Dr. Rafferty, indicated (1) in those in whom the extent of the disease calls for permanent collapse, (2) in those in whom there is great risk of pleural infection, and (3) in those in whom interference with bronchial drainage, due to bronchial tuberculosis, renders pneumothorax dangerous. From this we may anticipate the author's clear demonstration of the danger signs in artificial pneumothorax if complications are to be avoided. Of special interest in this connexion should be the sections on tracheobronchial tuberculosis and on the tension cavity—subjects which have only very recently received the attention they deserve. It should no longer be necessary to stress the very important role of pneumonolysis in obtaining an effective pneumothorax, but Dr. Rafferty maintains that "logic and increasing experience therefore seem to dictate the course of severing nearly all adhesions that can be severed with safety, unless there are definite contraindications or unless the adhesions clearly are removed from the diseased areas." Moreover, he leaves the impression that complications after pneumonolysis should be rare if the operation is done wisely, early, and well. Since there is a general tendency to be reluctant to abandon a pneumothorax (and in this one is perhaps influenced by the possible immediate psychological reaction of the patient), Dr. Rafferty rightly insists that artificial pneumothorax should be regarded as an exploratory procedure, to be abandoned at once, before any harm ensues, if it proves inadequate—to be regarded thus, we would add, by the patient as well as by the physician.

In the concluding chapter certain minimum standards are suggested as "possibly adequate" in the application of collapse therapy. No one who has studied this monograph will consider these too exacting, or fail to be convinced that the treatment of pulmonary tuberculosis should be undertaken only in institutions where full surgical facilities are immediately available.

This is evidently not intended to be a comprehensive text-book on collapse therapy of pulmonary tuberculosis, so that a few omissions or scant consideration of some aspects of the subject may be forgiven. But, in addition, the author leans very heavily indeed on the results of other workers, the illustrations are few and the skiagrams not well reproduced, and the style is often ponderous or tends to suggest dogmatism, which may alienate some readers. Nevertheless most will agree with Dr. Willis that "the refreshing point of view which Dr. Rafferty presents in his book bespeaks the best thought on this subject." Certainly no one connected with the treatment of pulmonary tuberculosis should fail to read the book. It should perhaps be mentioned that phrenic paralysis followed by pneumoperitoneum is not discussed, but this combined collapse measure has only very recently been introduced, and its use in relation to collapse therapy as a whole must still be regarded as in an experimental stage.

CHILD GUIDANCE

An Introduction to Child Guidance. By W. Mary Burbury, M.B., B.S., D.P.M., Edna M. Balint, B.Sc., and Bridget J. Yapp, M.A. (Pp. 200. 7s. 6d.) London: Macmillan and Co. 1945.

This is an excellent little guide to the whole subject of child guidance written by a team of experienced and enthusiastic workers who know how to collaborate and pool their knowledge. It is written in simple language and is easy to read, even by those not versed in modern psychological technicalities, and can be strongly recommended not only to doctors but to all who are interested in the social services. The book makes it clear that in guiding the child it is essential that the whole situation in which the child finds himself—home, street, and school—must be studied, and that both the child's relations to others and their reactions to him must be fully appreciated, hence the value of the team of psychiatrist, educational psychologist, and psychiatric social worker. The psychological treatment of the child is quite different from that of the adult, since he cannot be expected to co-operate verbally and intellectually as does the grown-up. Emotional rapport is necessary, however, and none will be successful with him who does not love children. Play, drawing, story-telling, and indirect implications from observations at home and at school, of parents and