

Reviews

CLINICAL MEDICINE

French's Index of Differential Diagnosis. Edited by Arthur H. Douthwaite, M.D., F.R.C.P. Seventh edition. (Pp. 1,058; 731 illustrations, 200 in colour. 105s.) Bristol: John Wright and Sons Ltd. 1954.

Handbook of Differential Diagnosis. By Harold Thomas Hyman, M.D. (Pp. 716. 55s.) Philadelphia, London, and Montreal: J. B. Lippincott Co. 1953.

Clinical Medicine: Some Principles of Thinking, Learning and Teaching. By R. D. Lawrence, M.A., M.D. Aberdeen, F.R.C.P. (Pp. 64+viii. 7s. 6d. paper bound.) London: H. K. Lewis and Co., Ltd. 1954.

Introduction à la Médecine: Principes, Idées Inspiratrices, Synthèses. By André Jacquelin. (Pp. 240. No price.) Paris: Librairie le François. 1954.

The seventh edition of French's *Index of Differential Diagnosis* is the most important of this group of books on differential diagnosis and the principles of medicine. It is essentially a guide to the practice of the art of medicine, and it is particularly concerned with the recognition of the phenomena of disease by the use of the unaided senses and with the depiction of the more bizarre effects of illness. It is 42 years since the first edition, and many of the older generation of consultants, who were brought up on "French," will look with interest, indeed almost with anxiety, to see how it has survived the passage of the years. Its external appearance is much the same; it has not become overweight or dropsical and contains only just over 1,000 pages. The list of contributors includes the names of a few eminent senior people, but for the most part they are young and in the middle ranks of the profession. The alphabetical arrangement of the text is as before, though the substance is almost completely changed to keep pace with modern advances. Here and there revision has not been ruthless enough, and the section on electrocardiography seems a bit behind the times, both in the use of standard leads and in the interpretation of fibrillation and flutter.

The illustrations have always constituted a major part of the appeal of this book. The best of the old are retained, and there are some good new black and white ones. There is a fine series on arthritis, including a memorable picture of Charcot's disease. In addition there are a number of coloured pictures, subjects such as the blood, the retina, and sigmoidoscopy being well illustrated in this way. The index is the key feature of a book of this kind; in the present instance it is full and effective, and the small print is remarkably clear. Dr. Douthwaite and his collaborators are to be congratulated on this new edition, which seems likely to please the present generation of students as much as the past, and to reach an honoured jubilee.

Dr. Hyman's *Handbook of Differential Diagnosis* is a much smaller book which is meant for the desk or the pocket. It is deliberately written in telegraphic style, and Dr. Hyman appears to have a collector's passion for lists. There is a 100-page list of occupational hazards and their diagnosis. There is a list of over a score of phobias, including phobophobia, the fear of fears; this is presumably the peculiar American malady which is appropriately treated by presidential wireless talks. There is a quite remarkable list of disturbances of sexual conduct. In fact this book recalls G. K. Chesterton's description of Macaulay's poem on the Armada as a geography book gone mad. Dr. Hyman seems to have a similar delight in the mere names of signs or symptoms. He communicates this to the reader, and the book has a curious quality of readability. It will probably be of little value as a working manual, but it is a suitable book to keep in the car or some other place where there may be an odd moment to spare.

With Dr. Lawrence's *Clinical Medicine* we move from the collection of facts to the principles of thinking, learning, and teaching. Dr. Lawrence has written an essay on the problems of medical education, and he describes the methods

he has himself used to organize his reading and experience, so as to remember things and be able to apply his knowledge in practice. He stresses the importance of interest and emotion in learning, and wisely recommends the student to read around his cases. He believes that the premedical subjects should be taught at the university and that the school years should be devoted to acquiring a good general education. He advises a considerable reduction in the amount of anatomy the student should have to learn, and the joint teaching of anatomy and physiology. The student should be introduced to the bedside as early as possible, and the general practitioner should play his part in medical education. Finally, he suggests that week-end conferences might be used for the instruction of junior teachers.

Dr. Jacquelin's *Introduction to Medicine* has the subtitle "Principles, Inspirational Ideas, Synthèses." It is described as a synthesis of the present and the past, and also a synthesis of the aetiology of diseases so that they may be regrouped in orders and hierarchies. Certain subjects lend themselves well to this treatment, such as the constitutional basis of disease, the adaptation syndrome of Selye, the conception of the collagen diseases, the psychosomatic attitude to disease which is popular in the West, and the cortico-somatic theory of Pavlov which is popular in the East. Dr. Jacquelin's style of writing is the antithesis of that of Dr. Hyman, being full and flowery. Of the medical consultation he writes:

"Habit, which makes all things insipid and colourless, the repetition of a rite become mechanical, an automatism which develops little by little and ends in a sort of distraction, a gradual blunting of sensibility, not to say somnolence—there are so many psychological ways to degrade and, in a certain measure, to profane what ought to be held sacred."

Dr. Jacquelin's book will appeal to doctors of a philosophical turn of mind. When I lecture to my own students on these lines they ostentatiously close their notebooks and put on the glazed expression of someone waiting for a train which he knows cannot come for half or three-quarters of an hour.

L. J. WITTS.

HOSPITAL CARE AND AFTER

Hospital and Community. By T. Ferguson, F.R.S.Ed., D.Sc., M.D., D.P.H., F.R.F.P.S.Glas., F.R.C.P.Ed., and A. N. MacPhail, M.D., D.P.H. (Pp. 157. 9s. 6d.) Published for the Nuffield Provincial Hospitals Trust, London, New York, and Toronto: Geoffrey Cumberlege (Oxford University Press). 1954.

The Nuffield Provincial Hospitals Trust published in 1948 and 1950 the results of hospital community studies in Stirlingshire and Ayrshire, dealing with the availability and use of hospital services. The authors of this new study in Scotland, with the same title, report the results of observations in 1950-1 of the history and condition of 705 unselected male patients in acute medical wards in general hospitals in or near the City of Glasgow who were discharged after treatment. The effects of the impact of environment on the patient in relation to home and work were investigated and estimated three months after discharge and again 21 months later.

The statistical analysis of these results is detailed and impressive. Even more remarkable is the evidence of the social and economic circumstances of the patients included in the survey. Part of the field work was carried out by hospital almoners, and their investigations and advice were clearly of great value in assisting the physicians and the authors in finding or suggesting suitable jobs or in securing the adjustment of conditions of former employment to meet the needs of the patients discharged. Resettlement or rehabilitation was achieved in a considerable number of cases.

It would have been interesting to know to what extent the local health authority services were used in relation to after-care and in particular to have an account of how much collaboration was sought and obtained from the health visitors—for example, the Green Ladies (green by costume),

as they are popularly known, of Glasgow. In hospital and field research of this kind, and important research it certainly was, it is necessary to choose the staff best equipped by knowledge and experience; the capacity for good teamwork is of prime importance. But social research perhaps could be extended to include a practical demonstration of the possibility—or maybe the impossibility—of using statutory services in collaboration with clinicians, medical sociologists, and hospital almoners. The authors rightly emphasize that hospital care is merely an episode in the life of a patient, an incident dividing the past, in which the patient became ill, and the future, when he will return to his old ways and again need hospital treatment; or when he will change his habits and possibly his job and so maintain a satisfactory level of health; or make such changes as he can and put up with intractable factors of his environment, and so credit or debit his health account, as the case may be.

Professor Ferguson and Dr. MacPhail are to be congratulated on this zealous and detailed account of their investigations and findings. They have earned the gratitude of all workers in medical and social science, if only—and there is much more than this—for drawing attention to a valuable method of linking hospital care with after-care.

C. METCALFE BROWN.

PELVIC ANATOMY

Problems in the Anatomy of the Pelvis. By Eduard Uhlenhuth, Ph.D., with the assistance of DeWitt T. Hunter, M.D. (Pp. 206; 82 illustrations. 80s.) London, Philadelphia, and Montreal: J. B. Lippincott Co. 1953.

The authors of this volume do not pretend that it gives a complete account of the anatomy of the pelvis. The book has been written as a guide for a selected group of post-graduates and consultants who are especially interested in the specialized aspects of pelvic anatomy.

The subject-matter of the book is presented in three parts. Part I gives an extensive and accurate account of the extent and relationships of the retrovesical space. The authors stress the importance of this space from the surgical aspect, and point out that none of the pelvic organs is excluded from it. Parts II and III contain descriptions of the bladder musculature and the muscles of the pelvic diaphragm. A detailed account is given of the arrangement of the musculature of the bladder and its sphincters from the embryological, histological, anatomical, and physiological aspects. There is a comprehensive atlas of the dissections on which the descriptive part of the book is based. The illustrations are well executed and reproduced. This book can be recommended to surgeons, gynaecologists, and others interested in pelvic anatomy.

W. J. HAMILTON.

ATLAS OF BLADDER NECK

Atlas of the Urethral Aspects of Diseases of the Prostate and the Bladder Neck Showing Urinary Obstruction. By Dr. Kurt Tzschirntsch. (Pp. 159; illustrated. 110 Dutch guilders.) Leyden, Holland: L. Stafleu. 1953.

In spite of the fact that perurethral resection of the bladder neck is a long-established surgical procedure, no comprehensive atlas of the posterior urethra or bladder neck comparable with those atlases of the cystoscopic appearances of the bladder has been published before. This book is an excellent atlas of the bladder neck and prostatic urethra as affected by various lesions of the prostate gland. The author takes separately the various appearances of the five main lesions by which the bladder neck is affected—benign hypertrophy of the prostate gland, carcinoma of the prostate, sclerosis of the internal sphincter, resection of obstructive tissue and strictures, and diverticula and other anomalies. These are depicted as seen through a resectoscope. The special importance of this work is the fact that all the urethroscopic pictures have been painted by the author himself, who is a most accomplished artist, so that here are shown beautiful illustrations of the most important endoscopic appearances, in the fullest detail and in the true

colouring, by one who is constantly examining the urethra and knows the pathology of the structures he is studying. Such circumstances can never be attained by the professional artist, to whom each structure and detail must be indicated and described and then may so easily be confused by changes of illumination and irrigation; moreover, it is almost impossible to keep the examining instrument immobilized for him during the painting.

The 30 paintings of the bladder neck showing how it may be affected by benign enlargement of the prostate have been so well chosen as to be almost a perfect pictorial demonstration for endoscopic resection. The illustrations of the endoscopic appearances of carcinoma of the prostate show most effectively just those changes in appearance which distinguish the malignant from the benign gland. The only criticism which might be made is that it is a pity the author has confined himself to depicting causes of obstruction of the bladder neck or those seen in the course of endoscopic resection. We may hope that in a future edition this atlas will be enlarged to depict all the lesions of the posterior urethra, in the female as well as in the male.

An excellent translation in English both of the description of the cases as well as that of the individual illustrations is given on the lower half of each page, and the author acknowledges Mr. R. Lester Williams's part in the supervision of the translation. This atlas is primarily designed to show the beginner what he sees through a resectoscope and what he should look for, but it will prove as interesting as it will be instructive to the experienced urologist, and it will also be a standard of excellence for urethroscopic illustrations.

J. E. SEMPLE.

ACUTE OEDEMA OF THE LUNG

Acute Pulmonary Edema. By Mark D. Altschule, M.D. Modern Medical Monographs 10. (Pp. 68. \$3.50.) New York: Grune and Stratton. 1954.

The problem of the pathogenesis of acute pulmonary oedema is still far from solution. The rapid onset, the desperate character of the attack, and the grave danger in which the patient is made it very difficult to obtain any real understanding of what goes wrong. In this little monograph one finds an interesting and sensible review of the whole question, though the author will be the first to admit that much remains to be discovered and that treatment is often very unsatisfactory. It is curious that oedema of the lungs does not occur more readily when one recalls that the pressure in the pulmonary bed is quite often much higher than the osmotic pressure. No doubt here the state of the vessel walls is very important. The author emphasizes the importance of lymphatic drainage in the lungs, which must play a part in getting rid of accumulation of fluid.

Dr. Altschule divides the attack into five phases: the onset, the interstitial phase (this presumably presents the remarkable shadow at the roots of the lungs), the intra-alveolar phase, the phase of shock, and the terminal phase. How far shock is the result of the failure of the circulation in the lungs or the result of its cause seems to be difficult to decide. One of the unexpected causes of acute pulmonary oedema is damage to the brain. The author thinks that aortic stenosis is less frequently associated with acute oedema of the lungs than is aortic incompetence; that in mitral stenosis it is the increase in the rate of the heart, with consequent shortening of diastole, which is the important feature—he does not mention the occurrence of this when fluid has been aspirated too quickly from the chest. Experimental work still fails to produce a simple explanation of pulmonary oedema. No doubt there is a combination of causes in diseased persons. Morphine is still the drug of choice, but aminophyllin is said to be useful given intravenously. Venesection also has a definite place in treatment.

There is a full list of references. The book is written in a clear and interesting manner. Though perhaps but little addition is made to the reader's knowledge, it is interesting to peruse such a well-balanced and clear survey of existing information.

TERENCE EAST.