Book Reviews

Chemotherapy of Tuberculosis

Chemotherapy of Tuberculosis. Edited by V. C. Barry, D.Sc. (Pp. 281+viii; illustrated. 79s. 6d.) London: Butterworths. 1964.

The treatment of tuberculosis by chemotherapy has been one of the greatest advances in medicine during the present century. The success has not been achieved without complications, and new problems have arisen which demand investigation. It is therefore very satisfactory to find that 10 distinguished international authorities have produced, under the editorship of Dr. Vincent Barry, a detailed study of the subject. The work cannot be termed comprehensive, for a chapter on the influence of pharmacology on the chemotherapy of tuberculosis could not be included. This omission is not too serious, as the 10 chapters that have been published are up to

date and give an exhaustive survey of the aspects which they cover.

There are five chapters which approach the subject mainly from the laboratory angle and five from the clinical research aspect, and all the chapters are neatly summarized and give a large number of references to recent literature. The bacteriological and pathological information is mainly factual, and a surprising amount of useful data has been compressed into comparatively few pages. On the clinical side there is naturally less precision and a certain amount of overlapping. A most helpful chapter on the clinical evaluation of antituberculosis drugs should be of

great value to those proposing to assess the value of the new antibiotics which, it is hoped, will be produced in the future. In the last chapter on the current status of chemotherapy in practice it would seem that the limitation of space has led to some rather dogmatic statements that need amplification.

Perhaps the outstanding message of this work is that the tubercle bacillus cannot be eliminated by rule-of-thumb treatment and that in spite of the present drugs it still remains a danger which can only be overcome by intensive research and careful clinical observations. The contributors to this book have done good service by presenting so much of our present knowledge of the chemotherapy of tuberculosis in one volume, which will remain a standard work of reference for all interested in the eradication of the disease.

FREDERICK HEAF.

Gynaecological Surgery

Gynecologic Surgery and Urology. 2nd edition. By Thomas L. Ball, M.D. Foreword by R. Gordon Douglas, M.D. (Pp. 648; illustrated. £8 8s.) St. Louis: C. V. Mosby. London: Henry Kimpton. 1963.

This is the second edition of a textbook of gynaecological surgery by a well-known American author. It has been written to serve the needs of the gynaecological specialist in training and as a work of reference for the practising specialist. It is a large volume, contains a vast amount of information, and combines in some degree the features of an atlas of gynaecological operations with those of an encyclopaedic work of reference.

The book is much more than a text of gynaecological operations; it takes a broader view. The surgical anatomy of an organ or region is described before dealing with the corresponding operations. Many topics not generally dealt with in a textbook of gynaecological surgery are found here. For example, there are chapters on experimental gynaecological cancer; hormonal control of cancer; radiotherapy, isotopes, and chemotherapy in malignant disease; cardiac arrest and paediatric gynaecology. Emphasizing the importance of the regional concept in surgical training, the book deals with urological and proctological problems as well as gynaecological topics.

The details of operations are given in concise step-by-step style and accompanied by many line drawings of excellent quality depicting the various stages of each procedure. Because in operative surgery there may be many variations on a theme the reader in this country will be aware of the transatlantic origin of this volume. Here all the basic operations are described by one or more techniques—but occasionally an operation lacks a familiar name, or has an unfamiliar look about it—while the author has not hesitated to include some new procedures (for example,

in the section on urinary incontinence) developed by himself.

While there is much to interest the gynaecological consultant, it is probable that the trainee specialist in this country will mostly prefer a home product.

M. P. EMBREY.

Practical Paediatrics

Practical Paediatrics. By Dr. Don Hilson, M.A., M.B., B.Chir., F.R.C.P.Ed., M.R.C.P., M.R.C.S., D.C.H. (Pp. 462; illustrated. £4 4s.) London: MacGibbon and Kee.

Let me begin this review of a book which frankly arouses my distaste by saying what is good about it. It is clearly printed, well produced; its advice is, as a rule, sound; and the facts concerning the common disorders are, in general, accurately stated. Its avowed intention is to provide "the reader with a practical guide on how to recognize the common problems for what they are." This is a laudable ambition for an author, but it demands a high degree of intellectual application and an uncommon gift for an original look at common problems.

Uncommon and rare problems must by definition be excluded from consideration, and if this rule is to be broken it should only be for well-considered reasons. For example, cretinism should be included, for though not a common condition its recognition has an importance disproportionate to its frequency, and the same consideration applies to the adrenogenital syndrome. If such disorders are to be discussed their diagnostic and therapeutic problems must be given as full and as helpful a discussion as are to be found in larger textbooks. To allow this, other rare conditions must be totally excluded. Why has Dr. Hilson thought it necessary

to include Cushing's syndrome and parathyroid adenoma when a paediatrician might go through his professional life without meeting an example of either? And what are we to make of these introductory sentences to the paragraphs on Cushing's syndrome: "This syndrome was described as due to excessive secretions of the basophil cells of the anterior pituitary gland. In childhood it is always secondary to adrenocortical hormonal activity"? Or of these paragraphs on hyperadrenalism when he writes under Treatment: "1. Correct sex determination is important. X-rays, skin and leucocyte cell sex determination, and even laparotomy are justified to this end. 2. If seen early in life it is wisest to encourage the development of the sex which dominates genetically and clinically "?

Dr. Hilson has, for the most part, set out his descriptions of diseases—the clinical picture, the complications, diagnosis, and treatment—in longish lists. This method has a limited educational value and many dangers. It leads to the dogmatic handling of many diagnostic and therapeutic problems which in fact require a balanced discussion. There is no reason to regard this categorical method as essentially "practical." Too often it provides the minimum amount of useful information in wasted space. Even mnemonics are not despised in this practical book; they must be read for their inadequacy to be appreciated (pp. 376–377).

D. V. HUBBLE.

Suicide

Suicide and Attempted Suicide. By Erwin Stengel. (Pp. 135. -3s. 6d.) Harmondsworth, Middlesex: Penguin. 1964.

Acceptance of the dangerous theory that those who threaten to commit suicide never do so may account for the fact that the majority of suicides have not been referred to a psychiatrist. Another mistaken notion is that

frustrated love in younger people is a common motive for self-destruction. In fact the majority of its victims, many of them sick or lonely, are in their fifties or sixties. Strange to say these tragedies reach a peak in the month of May.

Almost certainly every general practitioner in this country has 10 to 20 potential suicides among his patients. Carefully planned suicidal acts are rare: as a rule the patient is impulsive, with his ideas muddled, as in any other emotionally coloured behaviour. About one in eight of attempted suicides ends fatally. Nevertheless the incidence of subsequent suicide in those who survive is far higher than in comparable groups of the general population. Every year about 5,000 die from suicide in Great Britain and a much higher number attempt suicide or have a tendency to do so.

Depressive illness carries the highest suicidal risk. Yet diagnosis of this common condition is not always easy and so the symptom of depression is often overlooked, ignored, or misinterpreted. A useful list is given here of the criteria indicative of an impending suicidal act, and this is worth reading again and again. There need be no hesitation in asking the patient with marked depression if he has ever thought of putting an end to his misery. Suicidal impulses will not be induced by the question.

Medical students and doctors can learn a great deal from this admirably clear, objective, and very readable account of a complex subject.

E. A. BENNET.

Applied Physiology

Physiologic Principles of Surgery. Edited by Leo M. Zimmerman, M.D., and Rachmiel Levine, M.D. 2nd edition. (Pp. 858+xiii); illustrated. £7.) Philadelphia and London: W. B. Saunders. 1964.

This book is concerned with what is to-day perhaps the most important part of a surgeon's training, the physiology of the body as modified by surgical intervention, trauma, or disease. In this field there is no clear dividing line between physiology and pathology, and the authors, of whom there are no fewer than 56, wisely make no attempt to create one. The use of multiple authors in a book sometimes creates a lack of continuity, but in this instance the two editors have been successful in their choice of authors and their subjects, and the book, now appearing in its second edition, is likely to be very successful. With many authors it is inevitable that they should sometimes write at different levels and this is one of the few criticisms that can be made. Some chapters are on a high level and a few are perhaps rather elementary. The field is a wide one. There are the usual accounts of the body fluids and the applied physiology of the gastro-intestinal tract, and in addition there are chapters on surgery in the newborn, congenital heart disease, and anaesthesia. References are plentiful and mainly American.

This book can be recommended both to the young surgeon in training and to those of an older generation anxious to keep in touch with modern developments.

E. G. Muir.

Recent Orthopaedics

Clinical Orthopaedics and Related Research. By Anthony F. DePalma. No. 32. (Pp. 196+ix; illustrated. 60s.) London: Pitman. Philadelphia: J. B. Lippincott. 1964.

This volume is one of the six issued annually which constitute the journal of the above name.

Part I is a symposium on medico-legal problems. This is a difficult subject to handle in general terms, and, rather against its original purpose, this symposium shows that such problems do not yield to general principles, each case having to be solved by native wit and common sense as the occasion arises.

In Part II, the clinical section, there is a paper by Samilson and Miller reporting experiences with 12 cases of posterior dislocation of the shoulder. The most important diagnostic radiographic feature is said to be disruption of Moloney's line, but no reference to Moloney is given in the bibliography and the illustrations of this sign (with which British readers are not familiar) are not convincing. No long-term follow-up results are available. A typographical error in the opening paragraph—that Sir Astley Cooper described the first case of posterior shoulder dislocation in 1938-will be noted by British readers, but the date can be corrected to 1839 if the bibliography is consulted.

In the experimental section the influence of vascular occlusion on the development of vascular necrosis in the femoral head is reported by Woodhouse, who concluded that in the dog twelve hours of occlusion uniformly produced infarction, but periods of occlusion less than this are compatible with recovery of the circulation. An intriguing paper by J. L. Angel, entitled "The Reaction Area of the Femoral Neck," is made difficult to understand by illustrations which do not clearly support the captions.

The research section is completed with a highly concentrated article on "The Biochemistry and the physiology of the Tetracyclines" by Ibsen and Urist, which will be a valuable source of reference, and with a most interesting paper on the "Role of Nucleation and Inhibition in Calcification" by Fleisch in which the literary style contributes notably to an understanding of the topic.

J. CHARNLEY.

Theory of Schizophrenia

The Genain Quadruplets. A Case Study and Theoretical Analysis of Heredity and Environment in Schizophrenia. Edited by David Rosenthal. (Pp. 609+xiv; illustrated. £4 4s.) New York and London: Basic Books, Inc., Publishers. 1963.

Approximately once in every 1,500 million births a set of monozygotic quadruplets will be found who all have schizophrenia. David Rosenthal, a research psychologist at the National Institute of Mental Health, and 24 of his colleagues have used this rare event to describe in detail the relation between life experiences and schizophrenic outcome when the genotype is controlled. Some 30 years of the quads' lives are chronicled, including three years when all four were hospitalized at the N.I.M.H. As a sophisticated case study frequently bolstered by experimental tech-

niques and ingenious statistical analyses of clinical material, the Genains deserve a place alongside the Dionne quintuplets, Freud's Dora and Schreber, and Percival's narrative.

The book consists of 37 chapters grouped into six sections: Case History, Tests and Studies (for example, E.E.G., G.S.R., reaction time), Projective Evaluations (for example Rorschach, handwriting), Observational Analyses, Conceptualizations of Family Members, and Theoretical Overview. For unspecified reasons no biochemical studies were undertaken. Rosenthal wrote or contributed to 16 of the chapters, including all of the final section. It is this section that is likely to prove to be one of the most cogent syntheses of the complexities of schizophrenia available in the literature. A good command is shown of British and Scandinavian source material. The influence attributed to heredity as well as environment shows a remarkable balance for a book emerging from the current Zeitgeist of the American behavioural sciences. Most of the contributors refrain from assertions, substituting propositions instead; the authors are aware of the difference between observing and inferring.

As to the aetiology of schizophrenia the editor favours the view that it results from stress acting on a person with a predisposition to the disease. He finds less support for the theory that it is due to a single biochemical derangement or to the patient's whole life experience. When a genetic predisposition toward schizophrenia is augmented by environmental constriction, clinically manifest psychosis results. Whatever faults one may find with a book that tries (quite successfully) to be all things to all people, they are minor. Though the mysteries of schizophrenia are not yet ready to be solved, this treatise clearly should have an impact on our efforts at finding such solutions.

IRVING I. GOTTESMAN.

Control of Pain

The Control of Pain. By Frederick Prescott, M.Sc., Ph.D., M.R.C.P., F.R.I.C. (Pp. 146+xiv; illustrated. 10s. 6d. paperback. 16s. boards.) London: English Universities Press. 1964.

The control of pain is a subject which concerns everybody, and this is an attractive little volume giving a great deal of useful information on the subject in a form suitable for doctor, medical student, or layman. It begins with a short historical sketch, which is followed by an excellent account of the discovery of inhalation anaesthesia. There we are reminded how both Davy and Faraday just missed being the first exploiters of this method. Then come chapters on the power of suggestion in counteracting pain, on painless childbirth, on the nature of pain, and on the many man-made analgesics. The author is not only medically qualified but an expert chemist, so that modern analgesics are discussed unusually well. Finally the dangers of drug addiction are considered, local anaesthesia described, and the surgical methods of relieving pain discussed. We missed any reference to the method of injecting alcohol into the Gasserian ganglion for the relief of trigeminal neuralgia, but perhaps that is because it is not so often practised nowadays.