

Reviews

UTERINE CONTRACTION

Uterine Contractility in Pregnancy. A study of the contractions of pregnancy and labour under normal and experimental conditions. By Douglas P. Murphy, M.D., F.A.C.S. (Pp. 134, 64 illustrations. 30s.) Philadelphia and London: J. B. Lippincott Company.

Much of our present knowledge of the action and control of uterine muscle is based on the careful clinical observations of generations of obstetricians. It has thus become established that during early pregnancy the uterus is relatively quiescent and that as term approaches contractions become stronger, more frequent, and more rhythmical, while muscle tone and sensitivity to various stimulants are increased. Regular contractions in the last days of pregnancy are usually followed by efficient action in labour, though almost complete quiescence may precede rapid and easy labour. Uterine inefficiency is sometimes characterized by weak and infrequent contractions, yet forceful contractions do not necessarily imply good uterine function, and rhythm and co-ordination are more important. As regards drugs, morphine has long been held to have a slight depressant action on uterine muscle, but it is also believed to make contractions regular and to reduce spasm, so that its general effect is beneficial. Oxytocin has a variable effect in pregnancy but produces a more constant and strong response as term approaches, and sometimes a violent uterine spasm in labour. Oestrogens under certain conditions appear to improve uterine contractions and sensitivity in late pregnancy and labour.

Observations such as these have from time to time been confirmed by all manner of experimental studies. Dr. D. P. Murphy used Lorand's tocograph for external hysterography, and in this book presents his results and conclusions based on 3,154 tracings taken from 1,153 women. The work could be summarized by saying that in general it confirms all the views stated above, though this would be to underestimate its significance. It is one thing to have a clinical impression, even if others share it, and another to have it elaborated and worked out in detail by scientific recording and experiment. From his results Dr. Murphy has been able to develop many points both of academic and practical importance. Thus he indicates how to estimate during pregnancy the likely behaviour of the uterus in labour, how to distinguish the different types of inertia, and when, if ever, it is safe to administer oxytocin. A few of his findings are at variance with clinical impressions, a notable example being the observation that an occipito-posterior position of the foetus does not influence uterine action nor is it itself influenced by it. The whole book is a record of long and painstaking research into a phenomenon which is difficult to understand and to study. The author does not claim to have solved all the problems, but he has certainly helped to consolidate knowledge in some places and to advance it in others.

T. N. A. JEFFCOATE.

STRUCTURE OF CHILD'S LUNG

The Child's Lung. Developmental Anatomy, Physiology and Pathology. By Stegan Engel, M.D. (Pp. 332; 283 figures. 40s.) London: Edward Arnold and Co. 1947.

The author of this book tries to cover a very large field, discussing in turn the anatomy, histology, and pathology of the bronchial tree, of the bronchial glands, and of the lung, with a short section on his personal views on the pneumonias, and some remarks about tuberculosis in infants and young children. The approach throughout is that of the morbid anatomist, and the book is obviously based on long and painstaking anatomical and histological studies. Many passages, however, are unjustifiably didactic and others are vague and woolly. The short Chapter 6 on the general pathology of the bronchial tree is quite uninformative. On p. 60, in a discussion on the "proliferative bronchiolitis," the author postulates that this condition is due

to an unknown agent. He then compares this unknown agent with the hypothetical agent causing malignant changes in epithelial cells, and he advances the suggestion, which is unrelated to the general theme of the book, that the increase recently evident in the number of cases of carcinoma of the bronchus may be due to the influenza epidemic of 1918. On p. 62 there is the extraordinary statement that proliferated basal cells of the epithelium in bronchiolitis are vascularized and transformed into connective tissue, bronchiolitis obliterans thus arising.

On p. 45 Macklin is misquoted in the following passage: "C. C. Macklin points out that the muscle not only narrows the bronchioles but also elongates them in contraction, whilst they shorten by relaxation." Macklin's own statement on this point (*Physiol. Rev.*, 1929, 9, 1) is that the available evidence "points indubitably to an inspiratory dilatation with lengthening and to an expiratory constriction with shortening"; he suggests further that the contraction of the bronchial muscle would undoubtedly narrow and shorten the bronchus and that the likening of its action to that of "a lazy tongue" is not appropriate.

The author proposes several changes in accepted nomenclature. In order to save his hypothesis that bronchi can be distinguished by their position in the interstitial tissue of the lung, whereas bronchioles are in direct contact with alveolar tissue, he introduces an intermediate type of tube which he calls "broncholi." He classifies pneumonia in infancy as unifocal, dysteleatic-paravertebral, and multifocal. Although in the course of this discussion the author often refers to radiographic appearances, he makes no reference to recent studies of the segmental anatomy of the broncho-pulmonary tree, which have an important bearing on the interpretation of the radiological appearances of all forms of pneumonia. The reviewer considers that any classification of the pneumonias which pays no heed to bacteriology must be regarded as inadequate and unlikely to be helpful; the only reference the author makes to bacteriology in the course of his discussion of the pneumonias is one short sentence starting with the surprising statement that "the discovery of the infecting agent by Fraenkel did not help very much."

If the author had presented without speculative theorizing and authoritarian statement the facts patiently accumulated in his anatomical studies, and if he had referred more adequately to the work of others, the book would have been much improved. The studies of the post-natal development of the child's lung and of the anatomy of the bronchial glands are especially interesting. The author made many careful reconstructions of the terminal parts of the bronchial tree from camera-lucida tracings of serial sections; it is interesting to note that in these no evidence of alveolar pores was found in the child's lung. As it stands the book gives an impression of rather uncritical assiduity. It will be of value to the expert, who can distinguish between fact and fancy, for the concrete observations which it contains; it cannot be recommended to others.

J. G. SCADDING.

THE UNWANTED CHILD

The Psychology of the Unwanted Child. By Agatha H. Bowley, Ph.D. Foreword by S. Clement Brown, M.A. (Pp. 112. 6s.) Edinburgh: E. and S. Livingstone. 1947.

There is general agreement in the books appearing in the wake of the Curtis Report that a substitute home must supply "affection and personal interest . . . stability . . . opportunity . . . and a share in the common life of a small group in a homely environment." The difference between the books lies in the method and the clarity of presentation. The author of this book uses simple, clear, and in the main non-technical language; when jargon appears it often spoils by being inaccurate. For instance, in a helpful last chapter there appears the following comment on swearing and the use of vulgar language: "It is a form of oral aggression, just as soiling was a form of anal aggression." Surely such information is of no use whatever for ordinary people, and for the psychologist there is no reason why swearing should be oral rather than anal. If theory must be introduced, then the concept of the unconscious must come in with it, and much more should be made of the relation of fantasy to the unconscious instinctual life.