Benign Prostatic Hyperplasia

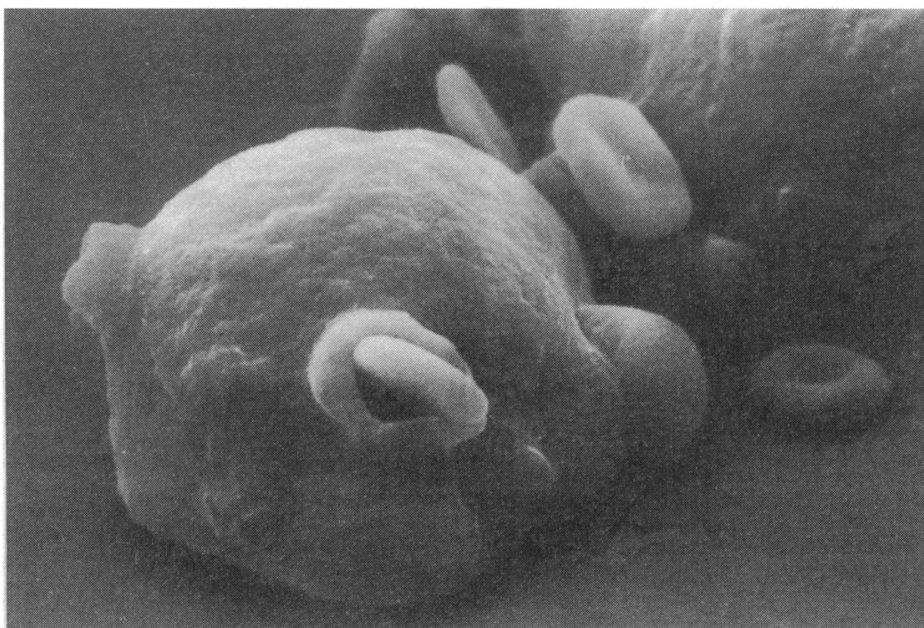
Roger Kirby, Timothy Christmas
Gower, $119, pp 109
ISBN 1-56375-511-4

Benign prostatic hyperplasia has suddenly beome news. Until recently, even among urologists, for whom men with prostatism are a major part of the workload, interest in benign prostatic hyperplasia as a topic for research and discussion was pretty low. This change has been driven partly by a better informed elderly population with higher expectations of health, partly by the changes taking place in the management of the condition. Indeed, cynics might say that increased public awareness has resulted from publicity by those with a vested interest in the use of their treatments. This may in part be true, but it is evident that men now are less prepared to accept urinary symptoms than they were in the past.

Interest in minimally invasive treatment has focused attention on alternative methods of managing benign prostatic hyperplasia—hyperthermia, stents, drugs, etc—although it should be remembered that transurethral resection of the prostate remains the archetypal minimally invasive operation. Patients are discussing with their doctors alternative methods of treatment. Drug treatment, though still imperfect, allows men with mild prostatism to be managed actively by their general practitioners. Benign prostatic hyperplasia is no longer just for specialists.

It is in response to this that Roger Kirby and Timothy Christmas have produced a slim, attractively produced, and comprehensive account of the condition, short enough to be read in the course of a shuttle flight from Glasgow to London. Who will read this book? Although urologists will find in it a full account of the subject and a comprehensive bibliography, which for me is probably its most useful feature, they will already be familiar with much of it. I think that, with its readily accessible text, it probably will be most valuable to non-urologists, perhaps even to more inquiring patients. If the epidemiological study performed in Stirling is correct, current levels of urological services in Britain may not be able to cope with the potential demand. Whether urologists like it or not, benign prostatic hyperplasia may become a condition—like hypertension, diabetes, and peptic ulceration—in which care is shared between hospital specialists and primary health teams.

Benign prostatic hyperplasia is often considered boring. If nothing else, reading this book will dispel that view. Despite its prevalence the condition is still poorly understood. Its manifestations are varied and occasionally life threatening. Most importantly, it is a major detractor from the quality of life of many elderly men.—DAVID KIRK, *consultant urologist, Western Infirmary, Glasgow*



Scanning electron micrograph of *Entamoeba histolytica* ingesting red cells; an illustration from the 5th edition of *Clinical Aspects of Immunology* edited by P J Lachmann *et al* (Blackwell Scientific, ISBN 0-86542-297-4), the three volumes of which attest to the enormous advances in immunology over the past 30 years.

Impotence: An Integrated Approach to Clinical Practice

Ed A Gregoire, J P Pryor
Churchill Livingstone, £45, pp 231
ISBN 0-443-04369-8

Gradual progressive impairment of the rigidity of erections in men, culminating in complete erectile impotence, is an age related phenomenon probably affecting as many as one in three men over the age of 60. Those affected often have difficulty in admitting either to themselves or to their partners that a problem exists and thereby tend to exacerbate the dysfunction by suppressed feelings of guilt and self recrimination. Recently impotence has been the focus of considerable media attention, and this has led to increased numbers of patients consulting their doctors about the problem. Unfortunately, many primary care physicians are insufficiently well versed in new developments to be of much assistance.

For many years erectile dysfunction has been regarded as a largely psychological phenomenon; but improved imaging technology, especially colour Doppler ultrasound scanning, has shown that in older men, and especially diabetic men, impairment of erectile function is more often organic. This knowledge, and the observation that many patients will respond to intracavernosal injections of papaverine or prostaglandin E_1, has led to a recent trend towards a rather mechanistic approach: treatment is geared simply towards restoring the capacity for erection, as opposed to the more holistic aim of restoring the sexual and emotional wellbeing of both the patient and his partner.

Impotence: An Integrated Approach to Clinical Practice goes some way towards redressing the balance. A joint endeavour between psychiatrists and urologists, this excellent book describes and exemplifies the symbiotic approach between the two disciplines that can be so valuable in individual patients. All those interested in the subject should be encouraged to read this volume, which succinctly and elegantly summarises the latest information on the pathophysiology, new methods of evaluation, and both psychological and physical methods of restoring function. The need for such a book is clear for there are few more futile endeavours than a surgeon implanting penile prostheses into a person with psychogenic impotence or, conversely, spending many hours counselling a man with arteriogenic insufficiency.—ROGER S KIRBY, *consultant urologist, St Bartholomew's Hospital, London*

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Gynaecology

Ed R Shaw, P Soutter, S Stanton
Churchill Livingstone, £95, pp 871
ISBN 0-443-04139-3

I am sure that most practising gynaecologists look forward to the time when they are given six weeks to read and review 871 pages of a new gynaecological textbook. By tradition, standard textbooks are heavy both physically and mentally. Candidates for postgraduate examinations realised long ago that basic textbooks do not contain enough up to date and clinically relevant information (hence the plethora of books of review articles). However, each candidate does buy a standard text. Few are read, but all by their presence provide the emotional support necessary in times of examination crisis.

To embark on a totally new textbook rather than re-edit an existing tome must be an exciting if somewhat daunting task.

So what is new? *Gynaecology* is a large and heavy textbook. Its format recognises the major changes in clinical practice over the past decade with the trend towards subspecialisation. All the emphasis is on clinical management and it is a surprisingly easy read. Considering the number of authors concerned, this must be a tribute to the three editors. The chapters are well laid out, and all end with a list of key points.

The opening section on basic principles and investigations takes us gently through the relevant basic sciences and into the ever expanding world of endoscopy. Who better than Victor Lewis to review the principles of both diagnostic and therapeutic endoscopy? The trends towards minimally invasive surgery, day case surgery, and outpatient procedures are further explored in all relevant chapters of the book.

Subsequent sections cover the three subspecialties of reproductive gynaecology, oncology, and urogynaecology. As you would expect when the editors are practising subspecialists of international repute, these sections are thorough and up to date. Each could be published separately as a specialist text. The sections on benign disease and infection complete the repertoire of the clinical gynaecologist.

The final two sections deal with pain and with the legal aspects of gynaecology. In view of our increasingly litigious society it is appropriate for gynaecologists to be aware of these issues and have a better understanding of the legal aspects of practising medicine. Learning from this section of the textbook is preferable to, and may indeed decrease, your own personal experiences.

The present speed of change in clinical practice will become a problem for the editors and publishers of such large books. How long before significant changes in emphasis are required? Is there a place for loose leaf textbooks so that individual chapters can be changed with ease?

For the moment, and the foreseeable future, *Gynaecology* is the gold standard for gynaecological textbooks. Candidates for the MRCOG at last have a truly contemporary work to see them not only through the examination but also beyond. It is useful reading for all gynaecologists, and I thoroughly enjoyed it.—JOHN GILES, *consultant gynaecologist, East Somerset Trust*

Queen Elizabeth Hospital for Children: 125 Years of Achievement

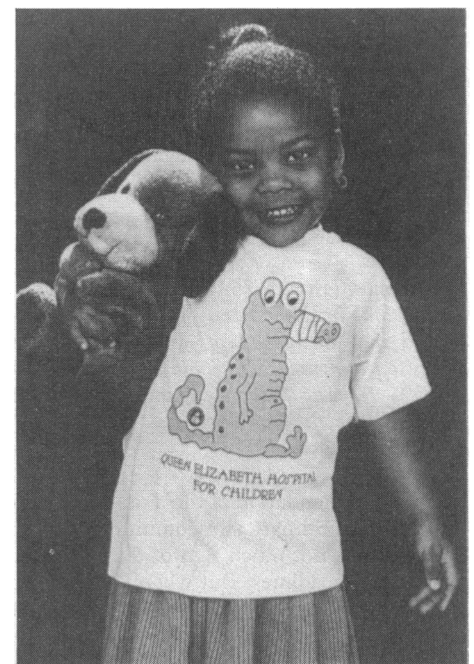
Ed J Kosky
The Hospitals for Sick Children, £11.50, pp 159
ISBN 0-9519649-0-9

A tour of Bethnal Green by the Prince and Princess of Wales in the closing years of the nineteenth century "created as much excitement as any visit to a foreign country, which in a sense, it was."

But two Quaker sisters, Ellen and Mary Phillips, had already founded a dispensary for women and children in the wake of the appalling cholera epidemic of 1866, and in a few years this became the North Eastern Hospital for Children in the Hackney Road. Its early success in helping what the *Daily News* called "the tiny breadwinners of two and a half years old and upwards" was due to a strong committee of prominent Quakers, the appointment of distinguished medical staff—Jonathan Hutchinson and Morrell Mackenzie were the first—and able lady superintendents. Strong and practical support from royalty—all Queen Victoria's children had connections with the hospital—contributed to its growth, and in 1908 it became the Queen's Hospital for Children. Twenty years later over 420 children were seen each working day and there were 20 resident doctors. In 1942 it amalgamated with the East London Children's Hospital at Shadwell, founded at the same time, to become the Queen Elizabeth Hospital for Children.

Women residents were appointed at the outbreak of the first world war, and in later years three of the best known consultants were Helen Mackay, Winifred Young, and Cicely Williams. In spite of the considerable workload, research was not neglected. Dr Mackay, for example, was a member of the scientific staff of the Medical Research Council for over 20 years and worked on nutritional problems in children, besides pioneering community care and a neonatal service and being elected the first woman fellow of the Royal College of Physicians. Dr Young studied gastroenteritis, cystic fibrosis, and coeliac disease, laying the foundation for the present academic department of gastroenterology. The hospital's international reputation was enhanced by the work of Dr Barnett Levin and his team on plasma proteins and inherited metabolic disorders. A new building devoted to diagnosis, research, and teaching, named after the Hayward Trust which generously financed the complete project, was opened by the Queen in 1972.

Inevitably "Queen Elizabeth Hackney" has been overshadowed by its big sister up the road, the Hospital for Sick Children, Great Ormond Street, with which it merged administratively in 1968. Yet this loving anniversary tribute from staff and former patients clearly shows that its own reputation is just as high. Long may it continue to serve the children of the east end and to provide the all round training in paediatric medicine and nursing for which it is equally renowned.—ALEX PATON



Hospital supporter (from the book reviewed here)

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