BOOK REVIEWS

The Transsexual Experiment

Dr Stoller has made major contributions to our understanding of the development of masculinity and femininity and in this, the second volume of a trilogy, he extends the observations reported in vol 1, Sex and Gender. As a psychoanalyst he relies more on the intensive study of the individual and his family than on epidemiological data, and consequently there is a richness of clinical detail, but his conviction studies.

He examines and questions Freudian theory, particularly with regard to the theory of bisexuality and of the oedipal situation. In reviewing the evidence for prenatal androgenisation, he contrasts these conditions with transsexualism, and he develops his basic hypothesis that "the degree of femininity that develops in a boy and the forms it takes will vary according to exactly (not approximately) what is done to him in earliest childhood." He details a family constellation, which he regards as invariably associated with true transsexualism, in which the interaction between a beautiful male infant and his bitter depressed mother, previously isolated by her unfeminine mother and a distant husband results in a blissful symbiosis characterised by prolonged close body contact, freedom from conflict, and the remorseless development of extreme femininity in the boy.

The family vignettes are persuasive and consistent, even with material derived from other sources, supporting the basic hypothesis. Yet these families differ considerably from those studied in this country. Dr Stoller calls for greater precision in diagnosis, and it may be that his cases are a "core group" in which family dynamics are of paramount importance, but his own observations support the view that there may be several pathways to femininity.

His recognition of psychopathic traits in most transsexuals, his conviction that female transsexualism has a different genesis from that in the male, and his awareness of the increasing volume and diversity of individuals seeking "sex change" probably as a consequence of public discussion and increasingly permissive attitudes will be recognised by those with experience of these difficult patients.

Unfortunately the opportunity for controlled in contrast to natural experiment in the management of these disorders may well have been lost as a result of the haphazard growth of surgical intervention. We remain profoundly ignorant of the natural history of gender disorders, and while exercising caution in deriving our understanding of the normal from the grossly deviant Dr Stoller has once again offered important insights in this tendentious area.

SYDNEY BRANDON

Drug-induced Blood Disorders

Any drug with a worthwhile therapeutic activity will produce adverse reactions in adverse drug reactions has become one of the major problems in clinical practice and will probably assume even greater importance since the increase in the number of powerful medicinal substances shows no signs of abating. An adverse reaction may at times be dose-related and predictable but at other times unexpected, due in such cases to a unique sensitivity or idiosyncrasy in an individual patient.

The haematopoietic system is a prime target for drug reactions. They account for a considerable proportion of all cases of aplasia, anaemia, agranulocytosis, and thrombocytopenia, and to a lesser extent drugs can also cause megaloblastic anaemia. Haemolytic anaemias too may be a direct result of drugs, but more often haemolysis occurs because of an underlying genetically determined predisposing disorder such as G-6-PD deficiency. Unfortunately, despite the availability of simple screening tests, this enzynopathy often remains undetected, and in sensitive persons is likely to be the victim of an idiosyncratic haemolysis which might have been avoided. Another pathogenic mechanism for drug-induced haemolysis is immunological, but in this case the patient with the sensitivity is not likely to be recognised in advance, although the drugs which are especially liable to cause haemolytic anaemia are known and the physician should be aware of this potential risk when prescribing them.

It is timely to have a book on this important topic and one that fills the need. Introductory chapters deal with the principles of diagnosis and investigation of adverse drug reactions and recommend an approach to the use of drugs in clinical practice in order to avoid reactions. Subsequent chapters deal systematically with aplastic anaemia, agranulocytosis, thrombocytopenia, haemolytic anaemia, and megaloblastic anaemia.

The book was all but completed by Carl de Gruchy before he died in October 1974. It is written with the same authority and clear style which characterise his well-known Clinical Haematology in Medical Practice and earned for it a place among the leading textbooks of haematology. The present book supplements the other and provides a reasonable up-to-date bibliography. In a postscript to the preface D G Pennington and B Rush, who saw the book to publication after de Gruchy's death, comment that the "text will stand as a tribute to Professor de Gruchy's scholarship, his outstanding qualities as a teacher and to his abiding interest in advancing knowledge in clinical haematology." I believe that it does all this.

S M LEWIS

Current Topics in Connective Tissue Disease

This latest member of the "Current Topics" series is intended to present those areas of study of the connective tissue diseases where progress is most active and where they are most likely to influence clinical practice. To this end the editor has obtained the collaboration of 11 investigators, all distinguished by their contributions to our expanding knowledge of these diseases, and has succeeded in producing a book in which consultants and trainees alike should greatly appreciate.

The subject matter, although highly selected, is dealt with in nine chapters. The two major components of joints, the synovial cells and articular cartilage, are well covered by C W Castor and P J L Holt respectively. The immunological aspects of joint inflammation are dealt with by G Loewi, and there is an especially informative account of rheumatoid factor by J N McCormick. There is perhaps a little too much emphasis on the role of these factors in immune complexes, but the study of these complexes in serum and synovial fluid is particularly well presented. The assessment of the rheumatoid hand (R A Dickson and F V Nicole) is perhaps disappointing, but chiefly because of the lack of satisfactory methods for quantifying this important function. Discussing bio-mechanics and joint function V Wright and W Dowson give a clear account of a highly complicated subject, but there is too much overlap with Castor and Holt, who also include sections on joint lubrication. M J H Smith gives a brief account of his work on the release of a bound natural anti-inflammatory agent in plasma by anti-rheumatic drugs, but if as he believes release of this agent is a major factor in the pathogenesis of rheumatoid arthritis, he gives no reason why the results of using these drugs is so disappointing. Finally come two outstandingly good chapters, one on systemic lupus, its aetiology, pathogenesis, and therapy, by T E W Feltkamp and J H Ten Veen, and one by D J McCarty on crystal deposition disease. All in all this is a highly informative volume and strongly recommended.

L E GLYNN