REVIEWS OF BOOKS : BOEKRESENSIES

TROPHOBLASTIC GROWTHS

Trophoblastic Growths—A Clinical, Hormonal and Histopathologic Study of Hydatidiform Mole and Chorionepithelioma. By J. Smalbraak, M.D. Pp. viii + 342. 66 Plates (8 in colour) and 9 tables. 72s. Amsterdam—London—New York—Princeton: Elsevier Publishing Company. 1957. Sole Distributors for the British Commonwealth except Canada: Cleaver-Hume Press, Ltd., London.

Contents: Preface. Introduction by Dr. Emil Novak. Introduction and some historical remarks. *Part I: Hydatidiform Mole.* I. Definition of hydatidiform mole; some conceptions as to the origin of the trophoblast, the etiology and the pathogenesis. II. Incidence, symptomatology and clinical diagnosis of hydatidiform mole. III. Hormone production in molar pregnancies. IV. Histopathologic appearance of hydatidiform mole; grading of our cases of mole according to and compared with the classification of Hertig and Sheldon and of Hunt, Dockerty and Randall. V. Therapy of hydatidiform mole. *Appendix to Part I. Part II: Chorionepithelioma.* VI. Some conceptions as to the nature of chorionepithelioma reflected in the nomenclature of the last decades. VII. Definition of Chorionepithelioma; conceptions as to etiology and pathogenesis. VIII. Incidence, symptoms and diagnosis of chorionepithelioma. IX. Therapy of chorionepithelioma. *Appendix to Part II.* Description of seventeen cases of chorionepithelioma. Summary. Bibliography. Author Index. Subject Index.

This book by Dr. Smalbraak is in the nature of a thesis on hydatidiform mole and chorionepithelioma. The literature is thoroughly covered and his cases are well put forward. While it is readily understood that conflicting ideas on the subject have to be handled, it is with considerable difficulty that the author extracts some of his ideas from his own mental quagmires. His subject is dealt with under the age-old yet clear 'definition, aetiology and pathogenesis, incidence, pathology, treatment, etc.'. Much of the bulk of the book is taken up by case histories. This is a valuable work for a library, both as a reference book and for the use of any postgraduate student working on this particular subject or in allied fields.

J.T.L.

CARDIOPULMONARY PHYSIOLOGY IN MEDICINE

Clinical Cardiopulmonary Physiology. Sponsored by The American College of Chest Physicians. Editor-in-Chief: Burgess L. Gordon, M.D. Pp. viii + 759. 248 Illustrations. 32 Tables. $15.75. New York and London: Grune & Stratton, Inc. 1957.

Contents: Foreword: The Impact of Cardiopulmonary Physiology on Clinical Chest Medicine. *Burgess L. Gordon.* The Beginnings of Observations on Cardiopulmonary Physiology. *J. Arthur Myers.* Normal Pulmonary Physiology. *Harold Guyon Trimble and James Kieran.* The Bronchopulmonary Segment as a Physiologic Unit. *Chevalier L. Jackson.* An Evaluation of Dyspnea Based on the Response to Therapeutic Procedures. *Alvan L. Barach.* Methods of Examination and Testing. History, Observation and Physical Examination for Determining Pathologic Physiology. *Peter A. Theodos.* Fluoroscopy and Roentgenology. *Paul S. Friedman.* Ventilation and Lung Volumes. *Joseph F. Tomashefski and Robert J. Atwell.* The Mechanics of Breathing. *Ernst O. Attinger and Maurice S. Segal.* Bronchospirometry. *Charles M. Norris.* Pulmonary Gas Exchange. *Ross C. Kory.* Cardiac Catheterization. *Howard R. Bierman.* Impairment of the Mechanics of Respiration. Paralytic Conditions. *James L. Whittenberger and Benjamin G. Ferris, Jr.* Constrictive Chest Conditions. *Hollis E. Johnson and George R. Meneely.* Collapse of the Lung. *Andrew L. Banyai.* The Diaphragm. *Arthur M. Olsen and H. Frederic Helmholz, Jr.* Surgical Considerations in Constrictive Diseases of the Chest. *Charles P. Bailey and Charles A. R. Skowran.* Obstructive Conditions of the Respiratory Tract (Fundamental). *Howard G. Dayman.* Bronchial Obstruction, Bronchitis and Bronchiolitis (Clinical). *Albert H. Andrews, Jr.* Bronchial Asthma. *Maurice S. Segal and Ernst O. Attinger.* The Pneumoconiosis. Pulmonary Function in the Pneumoconiosis. *Hurley L. Motley.* The Benign Pneumoconiosis. *Oscar A. Sander.* Disabling Pneumoconiosis. *Arthur J. Vorwald.* The Sequelae of Pulmonary Mycoses. *Alvis E. Greer.* Pulmonary Manifestations of Collagen Diseases. *Howard A. Anderson and Herman J. Moersch.* Interstitial Pneumonitis, Diffuse Interstitial Pulmonary Fibrosis, Diffuse Interstitial Fibrosing Pneumonitis, Idiopathic Fibrosis; Hamman-Rich Syndrome. *Leon H. Collins, Jr.* Sarcoidosis. *Harold L. Israel and Maurice Sones.* Tuberculosis: Destruction of the Lung and Resultant Retraction; Fibrosis: Surgical Problems. *Seymour M. Farber and Roger H. L. Wilson.* Emphysema. *Edwin Rayner Levine and Chi Kong Liu.* Surgical Treatment of Obstructive Emphysema. *David H. Waterman.* Cor Pulmonale. *Irving Mack.* Chest Manifestations of Cardiovascular Disease. *William I. Gefter and Bernard H. Pastor.* Paroxysmal Pulmonary Edema. *Aldo A. Luisada.* Acquired Valvular Heart Disease: Clinical and Hemodynamic Features. *Milton W. Anderson and Earl H. Wood.* Congestive Heart Failure and Coronary Circulatory Insufficiency. *John J. Sampson and Albert Zipser.* Treatment of Cardiovascular Emergencies. *John F. Briggs.* The Diagnosis of Congenital Malformations of the Heart: Clinical and Physiologic Observations. *Robert F. Dillon and Benjamin M. Gasul.* Impairment of Pulmonary Circulation. Primary Diseases of the Pulmonary Artery. *Arthur Grishman and Simon Dack.* Pumlonary Embolism and Infarction. *Simon Dack and Arthur Grishman.* Index.

In this volume an attempt is made to cover the whole of pulmonary and cardiovascular disease, with particular stress on recent physiological methods of investigation. The main criticism is its excessive length and verbosity, common to so many American books. It has the faults of multiple authorship, in that some chapters are poor while others are excellent and, despite the editing, there is a constant repetition of conditions and descriptions throughout the book.

Despite these criticisms, it is a reference book worth having, if only for the excellent articles contained amongst the indifferent material. The chapter on normal pulmonary physiology is particularly worthwhile, condensing in a short summary the normal values and methods of investigation in respiratory disease. The part played by intermittent positive pressure in the treatment of respiratory disease is outlined in the chapter on the evaluation of dyspnoea, based on the response to therapeutic procedures. The chapter on emphysema is particularly useful.

One-third of the book is given over to cardiovascular disease and, although it would be better placed in a text-book on cardiology, it does complete the picture and is the best section of the book. The final chapter on pulmonary artery disease is particularly worthy of study. Despite the disadvantages outlined, this book should serve a useful purpose.

V.S.

ATLAS OF CLINICAL ENDOCRINOLOGY

Atlas of Clinical Endocrinology—Including Text of Diagnosis and Treatment. By H. Lisser, A.B., M.D. and Roberto F. Escamilla, A.B., M.D. Pp. 476. 148 Illustrations, including 3 in colour. South African Price £8 0s. 6d. St. Louis: The C. V. Mosby Company. 1957.

Contents: Section I. Pituitary Gland (Hypophysis Cereb Anterior Lobe (Adenohypophysis). Hyperpituitarism (States of Overfunction) 1 .Gigantism (Giantism, Preadolescent Hyperpituitarism). 2. Acromegaly (Postadolescent Hyperpituitarism). Cushings Disease. Hypopituitarism (States of Underfunction). *In Children:* 3. Hypophyseal Infantilism (Pituitary Dwarfism, Levi-Lorain Infantilism, Ateliosis, Preadolescent Anterior Pituitary Deficiency). *In Adults:* 4. Simmonds' Disease (Extreme Insufficiency of the Adenohypophysis, Hypophyseal Cachexia, Sheehan's Syndrome). 5. Pituitary Myxedema. 6. Adrenal Cortical Insufficiency Secondary to Hypopituitarism (Hypoadrenotropic Addison's Disease). 7. Eunuchoidism Secondary to Hypopituitarism (Hypogonadotropic Eunuchoidism). *Posterior Lobe.* Insufficiency. 8. Diabetes Insipidus (Pituitary Polyuria). 9. Hand-Schuller-Christian Syndrome (Craniohypophyseal Xanthomatosis) (Defects in Membranous Bone (Xanthomatous Lesions), Diabetes Insipidus, Sometimes Exophthalmos). *Other Syndromes.* 10. Nonfunctioning Pituitary Tumors, With and Without Hypopituitarism. 11. Adult Aneoplastic Hypopituitarism. 12. Frohlich's Syndrome. *Section II. Hypothalamus.* 13. Hypothalamic Obesity and Other Fat Dystrophies. 14. Cerebral Neurogenic Sexual Precocity (Including Epiphysis Cerebri [Pineal Gland] in Males Only) (Macrogenitosomia Praecox). *Section III. Thyroid Gland.* Hyperthyroidism (Exophthalmic Goiter, Thyrotoxicosis, Parry's Disease, Graves' Disease, Basedow's Disease, Flajani's Disease, and Toxic Adenomatous Goiter). 16. Progressive Exophthalmos (Malignant Exophthalmos, Hyperophthalmopathic Graves' Disease). 17. Nontoxic Goiters (Struma). 18. Thyroiditis. 19. Cancer of the Thyroid. 20. Childhood Myxedema (Congenital, Infantile and Juvenile Types). 21. Cretinic Degeneration. 22. Adult Hypothyroidism (Myxedema, Gull's Disease, 'Internal Myxedema' (Escamilla-Lisser Syndrome), Primary Hypothyroidism). *Section IV. Parathyroid Glands.* 23. Hyperparathyroidism (Including Von Recklinghausen's Disease [Osteitis Fibrosa Cystica]). 24. Hypoparathyroidism (Parathyroid Tetany). *Section V. Adrenal Glands. Adrenal Cortex.* Adrenal Cortical Hyperfunction (Hyperadrenocorticism). 25. Cushing's Disease and Cushing's Syndrome. 26. Androgenic Type (Adrenogenital Syndrome). 27. Estrogenic Type (Gynecomastia in Males). 28. Mixed Types (Including Achard-Thiers' Syndrome—Diabetes of Bearded Women). 29. Congenital Adrenal Cortical Hyperplasia (Familial Congenital Adrenal Syndrome—Female Pseudohermaphroditism, Male Adrenal Sexual Precocity). 30. Primary Aldosteronism (Conn's Disease). 31. X-ray Procedures for Visualizing Hyperplasia or Tumors of the Adrenals. Hypofunction. 32. Chronic Adrenal Cortical Insufficiency—Addison's Disease. 33. Acute Adrenal Cortical Insufficiency (Types: Adrenal Crisis; Adrenal Apoplexy; Waterhouse-Friderichsen Syndrome). *Adrenal Medulla.* Hyperfunction. 34. Adrenal Medullary Tumor (Pheochromocytoma, Chromaffin Tumor, Paraganglioma). *Section VI. Pancreatic Islets (Islets of Langerhans).* Hyperfunction. 35. Hyperinsulinism (Organic, Relative, Functional). *Section VII. Testes.* Hyperfunction. 36. Precocious Puberty in Boys. Hypofunction. 37. Male Eunuchoidism (Preadolescent Origin). 38. Eunuchism. 39. Male Climacteric. Other Syndromes. 40. Klinefelter's Syndrome (Seminiferous Tubular Hyalinization With Gynecomastia, Puberal Seminiferous Tubule Failure). 41. Male Infertility. 42. Undescended Testes (Cryptorchidism). 43. Endocrine Tumors of the Testis. 44. Male Pseudohermaphroditism (Goldberg-Maxwell Syndrome). *Section VIII. Ovotestis.* 45. True Hermaphroditism (Hermaphroditismus Verus, Intersexuality). *Section IX. Ovaries.* Hyperfunction. 46. Precocious Puberty in Girls. Hypofunction. 47. Female Eunuchoidism (Preadolescent Origin) (Ovarian Eunuchoidism). 48. Female Eunuchism. 49. Ovarian Agenesis (Gonadal Dysgenesis, Ovarian Aplasia, Turner's Syndrome, Ovarian Dwarfism. Rudimentary Ovary Syndrome). 50 Gonadal Dysgenesis With Androgenicity (Gordan-Overstreet Syndrome). 51. Polycystic Ovaries (Stein-Leventhal Syndrome). 52. The Menopause. Other Syndromes. 53. Female Infertility. 54. Endocrine Tumors of Ovary. 55. Amenorrhea—Table of Causes. *Section X.*

Miscellaneous. 56. Progeria. (Hutchinson-Gilford Syndrome). 57. Mongolism Mongoloidism, Mongolian Idiocy). 58. Laurence-Moon-Biedl Syndrome (Dystrophia Adiposogenitalis With Atypical Retinitis Pigmentosa, Mental Deficiency, and Polydactylism). 59. Achondroplastic Dwarfism (Achondroplasia, Chondrodystrophic Dwarfism, Chondrodystrophia Fetalis). 60. Morquio's Disease (Familial Osseous Dystrophy, Osteochondrodystrophia Deformans, Hereditary Osteochondrodystrophy). 61. Gargoylism (Hurler's Disease, Lipochondrodystrophy, Dysostosis Multiplex). 62. Disorders of the Epiphyses (Epiphyseal Dysgenesis, Osteochondritis Deformans Juvenilis (Legg-Perthes Disease, Osgood-Schlatter Disease, Apophysitis of Os Calcis, Scheuermann's Disease, Calvé's Disease and Others)). 63. Hyperostosis Frontalis Interna (Morgagni Syndrome, Stewart-Morel Syndrome, Metabolic Craniopathy). *Section XI. Appendix.*

This is a fine book of its type. The purely 'atlas' side of the volume presents 148 whole-plates of drawings and photographs—the total individual number of illustrations being about 5 times as many. Common and rare endocrine conditions are included, together with the usual inevitable 'no man's land' disorders, such as the obesities, mongolism, achondroplasia, gargoylism and Morquio's disease. Some historically interesting photographs are included, such as some of the world-famous giants. The reviewer is disappointed that diabetes mellitus is not included, and he cannot agree with the authors' statement that it 'does not lend itself to graphic representation'. What about the diabetic 'cushingoid' babies with their abnormal pancreas and livers, the obese bearded diabetics, the patient in diabetic coma, the cutaneous complications, the perforating ulcers, the peripheral vascular lesions, the retinopathy and many more?

The references are up to date; aldosteronism for instance is included with 1956 references. On the whole the text is also up to date, though not quite up to the standard of the photographs. Naturally the former is apt to be rather scrappy since this book is, after all, an atlas and not a text-book. The Klinefelter syndrome is rather incompletely considered; Cushing's syndrome in children receives no mention. The advice regarding undescended testes is not consistent with the best teaching—gonadotropin as a routine in all cases does not seem right.

As well as clinical photographs, procedures such as extraperitoneal pneumography are illustrated, there are a few drawings and metabolic-response charts (e.g. tests for phaeochromocytoma), and there is an appendix with growth curves, dental age charts, etc. This is certainly a book for the library, for the endocrinologist, and most particularly for the general physician and paediatrician, who will find it of great value.

W.P.U.J.