

## BOOK REVIEWS : BOEKRESENSIES

### ADVANCES IN INTERNAL MEDICINE

*Advances in Internal Medicine*. Volume IX. Editors: William Dock, M.D. and I. Snapper, M.D. Pp. 311. Illustrations. \$8.50. Chicago: Year Book Publishers, Inc. 1958.

1. *Metabolism of vitamin B12 in pernicious anaemia and other megaloblastic anaemias*. Estrin *et al.* The newer techniques of investigation are described and discussed—the measurement of B12 in the blood and the body tissues, and the determination of B12 by radioactive procedures. Megaloblastic anaemias may be associated with normal—even high—as well as with low blood values. The so-called P.A. of pregnancy is usually not due to B12 deficiency. (Professor Adams of Durban is not quoted.)

The role of B12 in cellular metabolism is discussed. It is as well to keep in mind the fact that anti-epileptic remedies may cause a megaloblastic anaemia, or may prevent medicinal B12 from acting effectively.

2. *Corticosteroids and infections*. Kass and Finland, Steroid

therapy is capable of diminishing the inflammatory response to varied irritants. In this very anti-inflammatory action lies the danger to what may be regarded as the defence reaction to infection. With adequate antibiotic cover against the infecting agent there is no real problem (from this point of view) in the use of steroids in infections. It has been so used, deliberately, in tuberculosis, etc. But we do not always know the infecting agents, nor have we always an effective bacteriocidal antibiotic against them. Nor do we always know whether there is or is not a concomitant infection, e.g. in the paranasal sinuses or the kidneys for example—that is the big problem—how dangerous is it to use steroid therapy under these circumstances? We give steroids when the patient is dangerously ill and shocked—in spite of infections—with benefit and without the expected ill-effects, quite frequently. The available literature is discussed in this section.

3. *Primary and secondary hyperparathyroidism*—Nordin.

Everyone is agreed that the parathyroid hormone causes increased excretion of phosphate in the urine (though it must be mentioned that most preparations on the market are not always active). It is believed that there is also a so-called calcaemic action (i.e. a plasma Ca-raising effect) independent of its phosphaturic power. It is probable that blood Ca levels above or below 9-11 mg. % modify parathyroid activity. Interesting work from several centres on the effect of Ca infusions are reported and discussed. Howard reported that Ca infusions cause a smaller rise in serum phosphate and a smaller fall in urine phosphate in patients with a parathyroid adenoma than in normal subjects.

Secondary hyperparathyroidism in vitamin D deficiency is discussed. So also is the difficult subject of this condition in glomerular failure—it is not always easy to recognize which came first.

4. *Hereditary defects in clotting mechanisms*—Ratnoff. Here is an up-to-date review of the work in the domain of blood clotting. All that remains easy of the older theories is the final stage in which fibrinogen is converted by thrombin to fibrin. What goes on in the preliminary behind-the-scene stages is complicated. A number of phenomena remain difficult to understand: haemophilics may have an upper-limit-of-normal clotting time; yet in the Hageman trait<sup>1</sup> patients with greatly prolonged clotting times stand repeated surgical operations with no more than normal bleeding.

5. *The etiology and pathogenesis of glomerulonephritis*—Schmidt and Rammelkamp. Here the role of the haemolytic streptococcus type 12, and to a lesser extent type 25, is discussed. A whole family may go down with nephritis from throat infections due to this streptococcus. I do not agree with the statement that 'final conclusions concerning the production of initial attacks of glomerulonephritis by agents other than streptococci must await further study'. Nephrotic renal disease is fully discussed.

6. *Pathophysiology of carcinoid tumours*—Spain.

7. *Some aspects of disordered renal tubular function*—Stanbury. This is an excellent article on a very difficult subject. It has recently been shown that aminoaciduria is not present at birth in cases of the Fanconi syndrome, but develops between the 4th and the 6th month. Why do cases progress to a severe degree of renal failure? It has been claimed that prolonged treatment with alkalis and vitamin D may result in amelioration or disappearance of the glycosuria and the aminoaciduria. Stanbury shows that the characteristic defects do occur in acquired renal disease—in adults with the nephrotic syndrome and in myelomatosis for instance. He points out that many of the features characteristic of the Fanconi syndrome can be produced by hypokalaemia. It has become apparent recently that hypokalaemia is frequent in this disease.

F.F.

1. Editorial (1959): S. Afr. Med. J., 33, 49.

## CHEST SURGERY

*An Introduction to Chest Surgery*. By Geoffrey Flavell, F.R.C.S. (England), M.R.C.P. (London). Pp. xiv+354. 49 Figures. 30s. London: Oxford University Press. 1957.

This book is an excellent example of what it says it is: an introduction to chest surgery. It is a surprisingly complete guide in spite of its compact format and clear large print. The author writes in an easy style giving full reasons for every step in diagnosis and technique, and yet not cluttering up the text with unnecessary and finicking detail. The ingenious diagrams of the pulmonary anatomy, for instance, make it simple to follow the steps of pulmonary resection, from pneumonectomy to segmental resection. The author is a good teacher, being dogmatic and clear, and yet comprehensive enough to make his book rewarding even to the established surgeon.

The best feature of the book is the excellent series of X-rays, showing a wide variety of characteristic pulmonary, cardiac, oesophageal and diaphragmatic abnormalities, with a short history and description under each picture. They enable the student to follow case-histories of diagnostic and post-operative conditions in the most economic and most memorable manner.

The modern objection to eponyms in operations and syndromes is perhaps carried too far; the student should be told the names of surgeons or others responsible for important advances. For instance, in modern oesophageal surgery it is a serious omission never to have heard of the names of Ivor Lewis, Tanner, and

Allison as originators of important concepts, and not to know of the important step forward made by such authors.

The various forms of congenital heart disease are fairly well described, but would have been easier to memorize if more diagrams had been included. Recent developments have been included including the use of hypothermia, and this has been described in fair detail, e.g. its use in the treatment of pulmonary stenosis and atrial septal defect.

It is a book that is recommended to the houseman or registrar to a thoracic surgical firm, as well as to candidates for higher surgical degrees. The text is easily read and retained, and the book is well printed and indexed.

L.F.

## RECTOSCOPY

*Principles of Rectoscopy*. By Karel Herfort and Zdeněk Mařatka. Pp. 254. 78 Colour Plates. 42s. Net. London: Constable and Company Ltd. 1958.

This is an unusual publication. This book is published in Prague, Czechoslovakia and the text is in 4 languages—Czech, Russian, German and English. There is a short section (about a dozen pages in each of the 4 languages) on the technique of proctosigmoidoscopy. There are 12 black-and-white diagrams and 78 colour plates. The colour plates are beautiful products of the printer's art, they were obtained by the artist combining the techniques of water-colour painting and colour photography. The subjects dealt with are the normal appearances found in sigmoidoscopy—haemorrhoids, fissures, ulcerative colitis, benign and malignant tumours of the rectum, and also a few more uncommon conditions.

This book follows in the tradition of one of the early monographs on the subjects, *Prokto-Sigmoskopie* by Prof. Hermann Strauss, of the Jüdische Krankenhaus, Berlin, who invented the sigmoidoscope which bears his name. The first edition of Strauss's Monographs appeared in 1910, the second edition in 1930. The latter has a comprehensive text (96 pages) and 64 colour pictures of the more common sigmoidoscopic appearances. The text of the book under review is much poorer but the colour plates are larger and more elaborate. The more modern work, such as the technique of diagnostic exfoliative cytology, are not mentioned at all. As an atlas of procto-sigmoidoscopy it is, however, an eminently practical book, very well printed and produced.

L.M.

## DYNAMICS OF CHARACTER STRUCTURE

*Physical Dynamics of Character Structure*. Bodily Form and Movement in Analytic Therapy. By Alexander Lowen, M.D. Pp. x+358. 18 Figures. \$7.75. New York and London: Grune & Stratton, Inc. 1958.

Dr. Lowen starts his book with a review of psychoanalytical techniques, and one reads on expectantly, undeterred by the term 'bioenergy', hoping that he may reveal some interesting variations in the Freudian approach and that his emphasis on somatic factors may offer a fresh viewpoint. But soon we are lost in astounding theories, more suited to theosophy than psychology. We read that 'the actual amount of energy which can be held and focussed in the human brain is tremendous. In very healthy organisms it creates a glow about the head'. We wonder just how healthy glow-worms may be, with their energy focussed at their tail ends.

A little later we learn that the upper point of the 'energy swing' is in the region of the glabella, and we are told that a trained observer can 'evaluate the ego' by the expression shown in the eyes. It would seem then that the ego may be a remarkably changeable entity: imagine a trained observer attempting to track down Eddie Cantor's ego.

All this is very uplifting; indeed we are told that bioenergetic energy is 'antigravitational'. Certainly Dr. Lowen cannot be accused of being earthbound when he theorizes about bioenergy. However, he gives the soma its due: he believes that certain character traits are reflected in certain types of muscle contractions. Take the 'hysterical character structure'—'the back is rigid and unbending. The neck is tight and head held erect. The pelvis is more or less retracted and is tightly held. More important, the front of the body is hard'. But not so hard as all this is to swallow.

Masochistic characters on the other hand have severe muscle tensions in the back of the neck and in the lower lumbar region: they are muscle-bound and 'this accounts for their ataxic behaviour in movement and expression'.

After reading this book one is left in some doubt whether bioenergy has more to offer to the judo expert or to the phrenologist—it certainly has nothing whatsoever to interest the serious psychologist.

J.M.MacG.

#### DISEASES OF THE NERVOUS SYSTEM

*Diseases of the Nervous System.* Described for Practitioners and Students. 9th Edition. By Sir Francis Walshe, M.D., D.Sc., F.R.S. With chapters on *The Neurological Complications of Liver Disease and Hepatolenticular Degeneration.* By J. M. Walshe, M.R.C.P. Pp. xvi+373. 60 Figures. 30s. net + 2s. 6d. Postage Abroad. Edinburgh and London: E. & S. Livingstone Ltd. 1958.

Once again Sir Francis Walshe has produced a further edition of his well-known book. This time he has been joined by his son, Dr. J. M. Walshe of Cambridge University, who has contributed two chapters which are new to this book. These chapters deal with the neurological complications of liver and a brief account of hepatolenticular degeneration.

Sir Francis has also revised the remaining chapters of his book and brought them up to date. The sections mainly affected are the vascular disorders of the brain, epilepsy and neurological manifestations of vitamin B12 deficiency. In addition he has considerably revised the section dealing with localizing diagnosis consequent upon recent knowledge gained concerning the control of movement and tone and the anatomy of cutaneous sensibility. A brief summary of the so-called 'activating' and 'integrating' systems in the brain stem has been added.

We are all glad to have this new edition.

S.W.G.C.