

BOOK REVIEWS : BOEKBESPREKINGS

THE STOMACH AND ANAEMIA

The Stomach and Anaemia. By L. J. Witts, C.B.E., M.D. (Manch.), M.A., D.M. (Oxon), F.R.C.P. (Lond.), Sc.D. (Hon. causa) Dublin, M.D. (Hon. causa) Bristol, F.R.C.P. & S. Canada (Hon. causa). Pp. vi + 166. Illustrated. R2.50. London: The Athlone Press. 1966.

This well-written, authoritative and readable monograph by one of the outstanding names in the field of gastro-intestinal anaemias reviews the investigation of the stomach in anaemia, describes the radiologic, acid secretory and histological findings in the stomach in iron-deficiency anaemia, pernicious anaemia and endocrine disease, and discusses the anaemias which may occur after operations on the stomach. The book will prove of value to gastroenterologists, haematologists and surgeons.

I.N.M.

HEART SUBSTITUTES

Heart Substitutes. Mechanical and transplant. Ed. by A. N. Brest, M.D. Pp. xvi + 314. Illustrated. \$21.50. Springfield, Ill.: Charles C. Thomas. 1966.

This book is a comprehensive up-to-date work on heart substitutes. It is compiled of 24 papers by 49 contributors and edited by Dr. Albert N. Brest. The book is divided into 4 parts, viz. prosthetic heart valves, extracorporeal circulation, mechanical hearts and heart transplantation.

No claim is made by the editor to cover all aspects of these immense problems. The chapters on prosthetic heart valves and extracorporeal circulation basically review some of the important progress which has been made in these fields, experimentally as well as clinically. The problem of thrombosis in artificial cardiac valves is well presented. The discussion of the available types of prosthetic valves, however, is incomplete probably due to rapid changes in this field. The parts on mechanical hearts and heart transplantation outline the problems involved, the surgical technique and some of the laboratory investigations currently under way.

The book is well illustrated and a wide bibliography is provided. It can be highly recommended to those interested in this particular branch of surgery.

P.M.B.

HORMONES AND HYPERTENSION

Hormones and Hypertension. Compiled and ed. by W. M. Manger, M.D., Ph.D., F.A.C.P. Pp. xvii + 265. Springfield, Ill.: Charles C. Thomas. 1966.

The effects of hormones on blood pressure cannot be stated in simple equations. The interplay among the various agents and factors concerned in raising the blood pressure has led to the use of the term 'mosaic' by some workers. To make matters more difficult still, the laboratory tests for conditions such as phaeochromocytoma or primary aldosteronism (to mention only two) are quite frequently indecisive. And when it comes to practical application in treatment when a case of renal hypertension has been correctly diagnosed we encounter what Byram and Wilson have called 'the vicious circle'—removal of the offending kidney will benefit the hypertension only if the operation is carried out within a period of about 3 months. After that the hypertension is perpetuated by superimposed mechanisms.

It has become obligatory to understand the physiology of the catecholamines. We are daily confronted with the problem of operations under anaesthesia on hypertensive patients who have been on hypotensive drugs which deplete their catecholamine stores at the sympathetic nerve endings. It needs an intimate understanding of the mechanisms concerned to know how to handle such cases effectively.

Conn recently indicated that it may very well be that about 20% of cases which appear to be essential hypertension may in fact be cases of primary aldosteronism and therefore curable. These cases are not easily recognizable clinically and even the chemistry may be unimpressive. Primary aldosteronism depresses renin production; but this is not a substance which is estimated as a routine in other than specially selected laboratories.

Difficulties with phaeochromocytoma start with the fact that in some cases the secretion (or is it release?) of excess hormone(s) is intermittent and one has to wait for a paroxysm to enable one to estimate the catecholamines and their metabolites. Roth reports that she has had no untoward reactions in 14,235 cases using histamine to provoke paroxysms. Because other workers have been unhappy with the use of histamine for this purpose the tyramine test was introduced in its stead. It has been found to be inadequate. And we must remember that there are other causes than phaeochromocytomata which can cause rises in catecholamines.

The kidney, when its perfusion is threatened, releases renin which through two consecutive changes is converted into angiotensin II which in turn stimulates the production of aldosterone with resultant sodium retention. This is mediated through the mechanism of the juxtaglomerular apparatus (i.e. the stimulus for renin production) with its granule-containing cells and macula densa.

Hormones and hypertension in pregnancy and the problems of toxæmia of pregnancy is another of the complicated subjects discussed. Oestrogen, progesterone, cortisol, aldosterone, renin, oxytocin and vasopressin—all these rise in pregnancy, each in its own time.

The subjects touched on briefly in the foregoing—and several others—are fully presented in this valuable book. The different sections are contributed by authors well known for authoritative work in their particular fields. The present-day knowledge and ideas are presented in detail with abundant references.

F.F.

DIE PASGEBORE BABA

Die Pasgebore Baba. Deur S. C. Shore, B.A. (U.K.), M.R.C.S. (Eng.), M.R.C.P. (Lond.) en M. P. Keet, M.B., Ch.B. (U.K.), M.Med. (Ped.) (U.S.). Bl. ix + 434. Geillustreerd. R9.50. Kaapstad en Johannesburg: Juta & Kie. 1966.

Die basiese beginsels van die versorging van beide siek en gesonde babas word in hierdie boek gedek. Belangrike aspekte rakende die fisiologie, versorging, diagnose en behandeling van die pasgebore word beklemtoon en saaklik onder die aandag van die leser gebring.

Algemene praktisyns, studente, kraam- en distriksverpleegsters sal die boek behulpsaam vind, nie alleen as handleiding nie, maar as 'n bron van praktiese kennis gebaseer op die persoonlike ondervinding van die skrywers. Dit is te hope dat hierdie publikasie sal bydra tot die beter versorging van die pasgebore in die uiters belangrike, maar tot hier toe afgeskepte veld van kindergeneeskunde in die Republiek.

H.deV.H.

ZULU MEDICINE

Zulu Medicine and Medicine-men. By A. T. Bryant, D.Litt. Pp. 115. R3.25. Cape Town: C. Struik. 1966.

The author of this book has spent 45 years among the Zulu people and, according to the dust-cover, 'had their full confidence, spoke their language as one of them, and came to know all their habits and customs'. His display of knowledge of their medical habits and customs is a remarkable addition to our very imperfect knowledge of our native peoples. In its own right this book should become Africana: in a limited edition of 1,000 copies it is certain to be a good material investment. In my opinion it is also a good intellectual investment.

Its greatest material contribution is its information on Zulu medicinal herbs; these are summarized by the editor of the Annals of the Natal Museum in two 15-page tables added to the end of the book; they should constitute a valuable reference source for botanists and pharmacologists.

The author draws a clear distinction between the Zulu medicine-man (*i-nyanga yokwelapha*) and the diviner or so-called witchdoctor (*i-nyanga yokubhula*). He believes this functional separation to be unusual among primitive people, and gives very graphic descriptions of the methods and armamentarium of the Zulu medicine-man. It is surprising that the

author has not consulted medical colleagues who could have helped him to translate his understanding of the medicine man's beliefs and methods into language more acceptable to medical men. Interesting as the information recorded may be, it is at times surprisingly naive when expressed in the English language. The author seems to take it for granted that it would be rewarding for medical science if pharmacologists were to undertake a scientific survey of the 240 medicinal plants which he has catalogued and some of the remaining \pm 500 which he suspects are still to be catalogued. I am rather more sceptical.

J.F.B.

PSYCHIATRIC HOSPITAL CARE

Psychiatric Hospital Care. Ed. by H. Freeman, M.A., B.M., B.Ch., D.P.M. Pp. x + 301. R5.00. London: Baillière, Tindall & Cassell. 1965.

This book contains the accumulated edited proceedings of a symposium held in London during 1964 together with discussions held on them. The main theme is brought out clearly in giving the opinion that the psychiatric hospital is an essential part of the integrated community psychiatric services in contrast to the belief that the emphasis is shifting to psychiatric units in general hospitals.

There are some excellent and stimulating papers in this collection which should not be missed by anyone working in the psychiatric field, including the administrative division.

C.G.A.S.

CHROMOSOME DISORDERS

The Chromosome Disorders. An introduction for clinicians. By G. H. Valentine, M.B., Ch.B. (Bristol), M.R.C.P., D.C.H., F.R.C.P. (C). Pp. x + 129. Illustrated. R2.50. London: William Heinemann Medical Books. 1966.

In introducing this book I can do no better than to quote the words of the author himself: 'Nowadays one can scarcely pick up a medical journal without being confronted, confused and confounded by articles presenting pictures and diagrams in which little X-shaped bodies float like letters in a bowl of "alphabet soup", or are arrayed like rows of little dancing men. The text, with its neologisms and jargons, compounds the confusion of the average reader, and yet the multitude of these articles must surely testify to the importance of the little bodies thus portrayed. Some, of course, can read this strange writing, but perhaps to the majority it means no more than do the hieroglyphics of the Egyptians or the script of Babylon. Under the tutelage of good friends and colleagues versed in these matters I have tried to learn what these little symbols mean. I cannot understand it all, but I have come to see something of what this hieroglyphic code spells out. This book is an attempt to pass this information on in simple terms.'

This is Dr. Valentine's opening paragraph and it is a fair indication of the purpose of the book and of its delightful style. It is a small book which can be read quickly and easily; nevertheless, the author has succeeded in filling it with a well-balanced survey of the principles and clinical application of modern cytogenetics.

He starts with an account of normal cell structure and multiplication and follows this with a general account of the abnormalities of cell division. 'Inversion', 'deletion', 'anaphase lag', 'non-disjunction' and 'mosaicism' are all neatly explained with the help of simple diagrams, and the apprehensive reader is enabled to approach the clinical sections with increasing confidence.

Here he will find pride of place given to Down's anomaly for which I am sorry to see the author still using the ugly term 'Mongolism'. The clinical description is augmented by an excellent series of photographs and the section on management is beautifully done. In the same way, the less common autosomal aberrations (D-trisomy, E-trisomy, and *cri du chat*) and the sex chromosome disorders (Turner's, Klinefelter's, etc.) are dealt with cytogenetically, clinically and pictorially. It is surprising, however, to find no mention of the Philadelphia chromosome in chronic myeloid leukaemia. The high frequency of the XYY anomaly in aggressive psychopathic males is also not mentioned but its significance was probably not yet appreciated when this book was being written.

Chromosomal anomalies are not common; altogether they account for only about 5% of all congenital anomalies. Down's anomaly is the commonest of the autosomal disorders, occurring in about 1 in 600 live births. Thus, a doctor who attends one confinement per week may expect to see a case only once in about 12 years. But when he does encounter a case, it is most important that the practitioner should be able to make the diagnosis with a minimum of delay, and that he should be able to explain what has happened to the parents and guide them in the management of the unfortunate infant. The practitioner who has read this book will be prepared to handle this difficult situation tactfully and confidently.

H.G.

NUCLEAR MEDICINE

Recent Advances in Nuclear Medicine. Based on a symposium sponsored by the Department of Radiology of the Hahnemann Medical College, Philadelphia, Penn. Ed. by M. N. Croll, M.D. and L. W. Brady, M.D. Pp. xiii + 260. Illustrated. \$12.50. New York: Appleton-Century-Crofts. 1966.

This is a very useful little book providing a valuable summary of recent advances in nuclear medicine. No textbook can record all aspects of the medical use of isotopes because the growth of this specialty has been so rapid that new work appears even before a book can be produced. Nevertheless, this symposium is clearly a meeting of experts and the book reflects modern ideas and techniques for a wide variety of problems. It should find a useful place in the library of anyone concerned with medical isotopes, whatever their interest is.

P.E.S.P.

CAROTID CAVERNOUS FISTULA

Carotid-Cavernous Fistula. By W. B. Hamby, M.D. Pp. ix + 139. Illustrated. \$7.50. Springfield, Ill.: Charles C. Thomas. 1966.

This monograph is an interesting summary about a rare but easily diagnosed complaint and describes the author's personal experience of 42 cases; out of a selected 37, his operation, a highly-skilled and specialized procedure, produced 'an excellent result' in 34, and he hopes that one day he may be able to sew up the hole in the carotid.

In men, the major sufferers, the lesion is more commonly due to trauma, but in women, particularly during pregnancy, labour and straining at stool, it is often spontaneous. Pulsating exophthalmos was not invariable, but a bruit, distressing to the patient and audible by the surgeon, was present in every case. Pre-operative angiography, though not without risk in elderly patients, is a great help, and carotid compression trials are, of course, essential.

The book is highly recommended to candidates for higher diplomas, and every neurosurgeon should have a copy, if only for the author's description of his technique.

H.W.

ACCIDENT SERVICE

Accident Service. Ed. by L. W. Plewes, C.B.E., M.A., M.D., F.R.C.S. (Eng.), F.R.C.S. Pp. xvi + 493. Illustrated. R10.50. London: Pitman Medical Publishing Co. 1966.

The sixties will be memorable for the number of books dealing with trauma and accident services. This one is comprehensive and clear and gives the experiences and suggestions that come from a hospital that caters for a population of 250,000. The hospital is sited near the M1 motorway and the casualty department discourages the 'casual' patient so that its experience is a little loaded towards the treatment of trauma.

No two casualty departments can be comparable in all particulars but South African readers will observe with interest that the sum total of gynaecological casualties is 112 per annum! For the rest, the book tries to encompass the whole of trauma within two covers, which is impossible. But the management of fractures and of infected hands is extremely well described.

One small criticism: the chapter dealing with mass casualties requires revision; as it stands, it could well lead to confusion.

T.S.