

well as describing its many vicissitudes, he has given an interesting history of Leicester Square with plans of the district at various periods. The related dermatological societies are not forgotten. Apart from the narrative, many facts are set out—lists of Prosser White Orators with their dates and subjects, Chesterfield medallists, a chronology of important dates and appendices giving masses of statistics and lists of patrons, presidents, and staff. The appendix devoted to sources of reference is impressive. There are a number of good photographs of places and people and the one of the late Henry Haber, who did so much for the prestige of the Institute of Dermatology, will give special pleasure to many people. The book is excellently produced. It must be bought by all who are interested in the history of dermatology, of London medicine, or of Leicester Square. It would make an excellent present for any doctor.

### Modern Trends in Human Reproduction Physiology—I

Edited by H. M. CAREY, M.Sc., F.R.C.S. Pp. ix + 373, illustrated. London: Butterworths. 1963. 75s.

This is a most interesting and valuable book which will be essential for all postgraduate students reading for higher diplomas, teachers and any obstetrician who wishes to keep abreast of recent advances.

In addition to the substance of the book being stimulating, as in places it does not agree with orthodox teaching, it provides a most extensive and useful bibliography, in association with each section.

Some of the sections involve the reader in up-to-date but complicated biochemistry and in connection with this the writer would make a critical comment. More trouble should have been taken to make the reading of these sections easier for the more senior Registrar and junior Consultant who have not grown up with these more recent advances in biochemistry. In sections where symbols are used to indicate chemical substances these should always (at least the first time they are used in an article) have the full name in brackets after the series of capital letters or indeed vice versa.

Abbreviations or capital letters are the curse of many medical productions today and in one or two sections in this book this is particularly noticeable, '... the language of symbols is given splendid play, the language of words is not' (C. P. Snow). This would be the writer's only real criticism of an otherwise excellent production.

The sections dealing with some controversial aspects are most useful. This is especially applicable to such a section as that dealing with progesterone where the author deals with the physiological aspects, following this with the pharmacology, potency of various preparations and then deals with the clinical applications.

The chapter on the fetal heart rate raises some interesting problems which may influence labour ward procedures.

The section on the modifications of the coagulation mechanism during pregnancy makes most instructive reading and helps to clarify much of a difficult subject.

In the section on amniotic fluid the author states 'The practical implications of these observations is that if all Rhesus sensitized women are subjected to amniocentesis sometime between 29 and 32 weeks, a group may be defined in whom the condition is already critical, with very premature delivery a matter of urgency and, albeit desperation'. Over the page he writes 'The antenatal prediction from amniotic fluid of the severity of hæmolytic disease remains empirical'. It would have helped to have read some discussion of the dangers of amniocentesis. One hospital where this procedure was used as a routine discarded it on account

of the risk of foeto-maternal blood transfusion. In one of their patients the antibody titre rose from a relatively low level to 1-2500 following removal of a sample of amniotic fluid.

This is a most useful book produced by authors from Australia, America, New Zealand, Germany, Austria, Sweden and Edinburgh. It will be eagerly read by all those interested in the recent trends in reproductive physiology and their application to practical obstetric and gynaecology.

### Garrod's Inborn Errors of Metabolism

Reprinted with a Supplement by H. HARRIS, M.A. M.D. Pp. 207. London: Oxford University Press. 1963. 42s.

Sir Archibald Garrod's new classic monograph was originally presented as the 1908 Croonian Lectures to the Royal College of Physicians. It has long been out of print and over the years it has become increasingly difficult to find a copy. It was, therefore, a most felicitous choice for the Oxford Monographs on Medical Genetics. Professor Harris has taken the opportunity of reprinting the key sections of the important Lancelot paper of 1902, and he has linked Garrod's original concepts with current knowledge on inherited metabolic disease and other inborn biochemical differences between human beings.

There is a complete bibliography of Garrod's writing extending from 1882 to 1936, as well as an extensive list of references, with titles, comprising modern contributions to the subject.

The present volume sets a severely high standard for the series and also whets our appetite for the other volumes which we learn from the jacket are to include general disorders of locomotor, neurological, mental and gastro-intestinal disorders.

### Dupuytren's Contracture

J. T. HUESTON, M.S.(MELB.), F.R.C.S.(ENG.), F.R.A.C.S. Pp. viii + 123. Edinburgh and London: E. & S. Livingstone. 1963. 32s. 6d.

Dupuytren's contracture is a condition which falls within the province of many surgeons, general, plastic and orthopaedic; it also crops up in examinations.

John Hueston is a plastic surgeon, trained by Rank and Wakefield, who has had the benefit of a mass of material in the Australian Repatriation Commission. He has examined over 6,000 patients and 772 were found to have some degree of Dupuytren's contracture.

The ætiological factors of race, age, sex, occupation and chronic illness are assessed and compared with previously published results. Out of this discussion a definite opinion is expressed that there is a hereditary factor arising in Northern Europe. The pathology is fully discussed and the author is of the opinion that the fatty subcutaneous tissue anterior to the main longitudinal strands of the aponeurosis is primarily to blame for the nodules and the contracture. He also believes that it is likely that the prognosis is poorer in cases which show evidence of the disease elsewhere than in the palms; that is to say, knuckle pads and in the foot and the penis.

The results of different methods of treatment are compared and the author prefers a limited fasciectomy based on his experience of less frequent recurrence compared with the more extensive and more disabling radical fasciectomy. There is a greater chance of extension of the disease after the limited operation, but such extensions are simply treated by repeated operations.

This book is excellently produced and provides all the material needed for postgraduate study.

Postgrad Med J. First published as 10.1136/pgmj.1964.40.462.228. Downloaded from http://pmj.bmj.com/ on September 29, 2024 by guest. Protected from copyright.