Book Reviews

D.R. Mishell Jr., Val Davajan (eds.)
Reproductive Endocrinology, Infertility and Contraception
F.A. Davis Company, Philadelphia 1979
XIII + 578 pp.

There are two kinds of books on a specialized subject in Obstetrics and Gynecology: The encyclopedic Review, which is a valuable source of reference material but of relatively little value to those who seek practical information; and The account of one department's experience, which is a useful guide to current knowledge which can be readily assimilated by a medical student or junior house officer. This book is in the second category. The text presents in a precise manner current views on the interrelationships of the various hormones in the gravid and nongravid patient. The only editorial misdemeanor as regards clarity appears on p. 132 in the introductory paragraph to the discussion on prolactin in the chapter pertaining to middle and late gestation. It reads as follows: 'Prolactin is the only hormone of the anterior pituitary gland the level of which increases during pregnancy. Pituitary TSH and LH secretions remain unchanged during gestation while FSH, LH and GH (growth hormone) secretions decrease.' The first sentence is badly composed while the incongruity of the second sentence should not have eluded the scrutiny of the editors.

The chapters dealing with the menopause, disorders of sexual differentiation, and amenorrhea are lucid expositions of the respective topics. The section of this volume on the various aspects of infertility are also commendable. One wonders, however, whether a chapter on genital mycoplasma infection should have been included. Although a few studies suggest that the genital mycoplasmas may be responsible for some cases of unexplained involuntary infertility, it is still not proven. The relationship between mycoplasma infection and infertility remains uncertain in many animal species as well as humans. The vicissitudes of infertility suggest caution in attributing an etiologic role to mycoplasma infection and a therapeutic effect to tetracycline. No mention is made of *C. trachomatis* which has been shown to affect both the lower genital tract and Fallopian tube. This organism may well play a far more important role than the mycoplasmataceae in reproductive failure.

The concluding section addresses the various aspects of fertility control. Current developments such as contraception by subdermal implants and vaginal rings are discussed, but no mention is made of the possible interaction of other drugs with steroidal antifertility agents. It is known that contraceptive steroids may interfere with the action of drugs used for anticoagulant, antidepressant, antihypertensive and antidiabetic therapy. Likewise, contraceptive activity of the steroid formulations may be impaired by antibiotics such as rifampin and ampicillin as well as such drugs as phenobarbitone and diphenylhydantoin. The implications of drug interactions are that for the user of low dose regimens, ancillary contraceptive measures should be prescribed.

This book is well conceived and produced and all the aforesaid criticism does not detract from the merit of this volume. It will be of interest to the medical student, resident in training, and family physician because it furnishes a precise account of topics that are of current importance in the delivery of health care to women.

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H.K. Weitzel and J. Schneider (eds.)

Alpha-Fetoprotein in Clinical Medicine

International Workshop Hannover 1977

Georg Thieme Verlag, Stuttgart 1979

IX + 170 pp., 130 illustrations, 45 tables, paperbound

The publication of proceedings of symposia has become an industrial microcosm, and as a result, they are all too frequently of little value. The volume dealing with alpha-fetoprotein is an exception. The contents are the deliberations of an international workshop held in 1977. The editors must be congratulated on the concise and precise presentations, which are of inestimable value at this time because of much discussion regarding the introduction of routine prenatal screening for open neural-tube defects.

The idea of screening for fetal neural-tube defects during the second trimester of pregnancy by measurement of alpha-fetoprotein in maternal blood resulted from the discovery of very high concentrations of this specific protein in the amniotic fluid in pregnancies associated with fetuses with spina bifida and anencephaly. During the past several years it has been clearly demonstrated that maternal serum alpha-fetoprotein determinations will identify some, but not all, of the pregnancies associated with fetal neural-tube defects. Unlike amniotic fluid levels where abnormal results are usually several times higher than the normal range, abnormal serum levels may be only marginally in excess of the upper limit expected in patients with no fetal anomaly. Furthermore, on account of the shape of the normal curve a small error in the estimation of the duration of the pregnancy could confuse an abnormal level with one that is in fact normal and vice versa. It should be emphasized that an abnormal serum level is merely indicative of the need for further investigation. When the serum level of alpha-fetoprotein exceed the 95th percentile ultrasound scanning for placental localization and amniocentesis should be performed.

The diagnosis of closed neural-tube defects still remains a problem as the levels of alpha-fetoprotein in amniotic fluid in such cases remain normal or at best high normal, presumably because the skin overlying the defect is impervious to the passage of the protein from the cerebrospinal fluid or capillaries into the amniotic cavity. This is particularly important because as screening of prenatal patients becomes more widespread and knowledge of its potential permeates the public consciousness, we must expect some degree of back-lash among women who still deliver infants with neural tube defects. However much one may state that screening gravid patients by serum alpha-fetoprotein assays in not

sufficiently accurate, women still anticipate protection from the birth of a child with a neural tube defect. There is a need to monitor all results of all alpha-fetoprotein screening results. Information on the proportion of unaffected pregnancies terminated as a result of screening should be thoroughly evaluated. Furthermore, such information as to whether or not the fetus was abnormal and whether pathologic studies were conducted should be sought so that any proposed prenatal screening programs could be adequately evaluated.

This volume addresses all these problems as well as the role of alpha-fetoprotein as a tumor marker and the value of serum assays in hepatic disease. The references appended to many of the presentations are current although some contributors have been delinquent in this regard. This is a readable digest of current knowledge on a subject which is of significant importance to all who are responsible for the care of the gravid patient. It has not all the answers but is recommended reading to all who contemplate screening gravid patients for fetal neural tube defects.

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Ralph M. Wynn (ed.)
Obstetrics and Gynecology: The Clinical Core; 2nd ed.
Lea and Febinger, Philadelphia 1979
XIII + 296 pp.
ISBN 0-8121-0658-X

As the title implies, this book is intended to cover the essential knowledge of obstetrics and gynecology which must be acquired by the medical student before graduation. The profusion of medical literature can sometimes obscure clinical realities and it is as well that the student has available a text based on eductional principles for basic reading. Many authors undertaking the responsibility of compiling such a text fail, not because they omit fundamental facts, but because they lack the ability to arrange them in a discriminating manner. A sense of proportion is mandatory in the compilation of such a text and some authors fail in this regard because they make the mistake of omitting to state simple and apparently obvious truisms. This author has avoided such pitfalls and has presented the basic clinical material in a concise and readable form. The literary style is punctilious and I am glad to see a text which is free from the jargon and linguistic barbarism which all too frequently mar medical writing.

The book is well designed, and in the eight units no relevant aspect of the subject matter is omitted. The clinicopathologic aspects of gynecologic tumors are delineated in a concise informative manner. At the same time, one cannot agree with the author that the paragraph on p. 163 which pertains to the sites of carcinoma of the vulva and its lymphatic drainage should be presented primarily for students who are considering a career in obstetrics and gynecology. This is quite incongruous when he includes, under essential knowledge, a sentence in his discussion on vulvar lesions on p. 162, 'Additionally, the

following terms are no longer recommended: lichen sclerosus et atrophicus, leukokeratosis, Bowen's disease, erythroplasia of Queyrat, and carcinoma simplex', the inquisitive student will as a result remember 'erythroplasia of Queyrat' but ignore the fact that inguinal lymphadenopathy may be due to an infectious or malignant lesion of the vulva. In the next edition I would like to see the sentence pertaining to the antiquated terminology deleted and in its place a tabulation on the causes of pruritus valvae.

Minor criticism can always be levelled against any text but the present volume compensates for any adverse comments by the fact that it makes good reading. The text, in fact, demonstrates both scholarly excellence as well as the adequate handling of its theme. It can, therefore, be commended to the medical student as 'the clinical core'.

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