Book Reviews

WHO Offset Publication No. 26
Female Sterilization: Guidelines for the Development of Services;
2nd ed.
World Health Organization, Geneva 1980. 47 pp.; SFr. 4.-
In the preface the authors of this publication state that the primary purpose of the guidelines is to assist clinicians and administrators as well as planners for health services. A publication from the World Health Organization must take into account the requirements of both the developed and developing countries. However, as regards to the developing countries, it is obvious that this publication deals with high technology and as a result, is not a low technology volume. To explain this statement it is obvious that a great deal of discussion has taken place concerning the methodology of laparoscopy, but no appendix is included as regards the instrument and its servicing. In fact, in a developing country there may be delays in getting replacements and this should have been considered by the authors.
One would also like to challenge why on page 45, under the title ‘Conventional lapa-rotomy equipment’, they indicate that six dozen pairs of gloves are necessary, and under ‘Mini-laparotomy kit’ on page 46, one wonders why the quantity of 20-gauge hypodermic needles is placed at 12.
Maybe the above portions of the book, which have been criticized, were directed at administrators and planners of health services in order to help them consider their country’s national health policies, needs, priorities, and resources in the development of services for female sterilization.
I do not think this volume, despite its brevity, has adequately furnished the necessary details required for the developing countries.
David Charles, Huntington, W.Va.

/. MacGillivaray
Operative Obstetrics: Problems and Perspectives
Clinics in Obstetrics and Gynaecology, vol. 7, No. 3 Saunders, Eastbourne 1980 263 pp.; E 9.75 single copy; E 19.50 subscription ISSN 0306-3356
Operative obstetrics during the past decade has become progressively more selective and less empirical. Some may question whether this has occurred and consider that the pendulum has swung too far to Cesarean section now that this operative procedure has become so safe. Others may be of the opinion that as this operation is so safe, its scope should be further extended. In the practice of obstetrics individual opinion should always yield to well-established facts, instead of attempting to accommodate facts to opinion. In any volume dealing with operative obstetrics it is well worth remembering the maxim,
‘Quot homines tot sententiae’, which may be liberally translated, ‘As men’s features differ, so do their opinions’.

One is fully aware of the many criticisms of current obstetric practice but one is also aware of the dramatic reduction in maternal and perinatal mortality that has been brought about by such measures as amniocentesis and other aspects of operative obstetrics.

In this volume, the chapters on amniocentesis, cervical cerclage, Cesarean section and obstetric anaesthesia are particularly well written and are a fund of real knowledge.

Some of the contributors have only reiterated what is already accepted obstetric practice. Consequently, their chapters detract from the value of this issue because they fail to furnish their opinions as regards controversial aspects of modern obstetric practice. As this series is primarily for the obstetrician, it is amazing to find that in the chapter dealing with forceps and vacuum extraction one notes that the indications for vacuum extraction are found mostly in the first stage of labor. In the concluding paragraph of the chapter this opinion is further emphasized in the following sentences: ‘The vacuum extractor is an extremely useful instrument to deal with problems at the end of the first stage. It saves a Cesarean section, is a quicker operation, and may be essential in situations where the operator is not an experienced abdominal surgeon.’ No other comment is required but it does detract from the contributor’s opinion of obstetricians.

Despite these criticisms, the guest editor may without arrogance exclaim, ‘Nee ego frustra’, because this volume has much gold.

David Charles, Huntington, W. Va.
Max Elstein

Clinics in Obstetrics and Gynecology
Vol. 7/Sexual Medicine Saunders, Eastbourne 1980 436 pp.; E 9.00 (single copy) ISSN 0306-3356

This volume consists of 12 chapters by authors who describe various aspects of sexual medicine. The contributions vary in the extreme as regards scientific content, clinical value, and literary style.

Sex, in its manifold manifestations, is so intimately involved in the fabric of human life that anyone, physician, scientist or layman, must approach its study with awakened interest. The older psychology either disregarded sex altogether or, where it dealt with it, tried to bring it into line with the usual classifications of the emotions. In recent years the scientific study of sexual behaviour has been undertaken and into this particular problem the conception of the reflex mechanism has been introduced. Appropriate stimulation of the male ejaculatory organ, or of the female genital region, produces a state of genital sexual excitement which can lead to the climax of the sexual act, ejaculation in the case of the male, and contractions of the uterus and vagina during an orgasm in the female. The chain of these reflexes has been investigated and enunciated by Masters and Johnson. It is now well recognized that the stimulus applied to the genital region provokes a nervous reaction which is conducted to the lower part of the spinal cord, where it links up with the motor centers, and that nervous stimuli emanate from there lead to the contraction of muscle groups during orgasm.

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This volume attempts to cover not only the physiology and endocrinology of sexual function, but also the management of all aspects of sexual dysfunction. It contains some gold but much dross. By and large the subject matter has been presented in a more lucid manner in many recent publications.
The book does, however, contain excellent discussions on the role of genital examination in psychosexual medicine, sexuality of the physically disabled, and the use of aids in the management of disorders of sexual function. Gynecologists should read these chapters as they will give them the opportunity to reflect on their own practice and to evaluate their ability to provide sexual counselling to an ever-increasing segment of the population.

David Charles, Huntington, W. Va.

Edward J. Quilligan
Current Therapy in Obstetrics and Gynecology

This volume is a very enterprising undertaking by a well-known obstetrician/gynecologist. In his preface he indicates that some topics may have been inadvertently omitted and would be corrected in a second edition. There is no doubt that the editor has collected a good blend of specialists to enunciate their views on the various aspects of therapy in obstetrics and gynecology.

As with any multiauthored volume, differences in both literary style and content are evident. Many of the contributions are refreshingly articulate and provide current views on the management of various clinical entities encountered in practice. The editor has, however, failed to exert a firm editorial hand, with the result that there is a distinct unevenness in the depth of material presented in many sections. In fact, many of the contributions are merely a series of jottings strung together in an ambiguous fashion. At least this book allows one to readily discern those contributors who have the ability to present their material in a lucid manner so that it can be readily assimilated by all who have to deal with the problems encountered in the female patient in both health and disease.

Poorly constructed sentences abound and examples can be readily obtained on perusing this volume without taking any of the statements out of context. For example, one sentence reads, ‘Clearly, many currently diagnosed abnormal patients fall within the tolerance response of a given fetus to stress factors’. A further example reads, ‘The natural history of intrauterine fetal death is that 75 % of patients will have onset of labor by 14 days from the suspected time of fetal death. By 21 days of intrauterine fetal death, a total of 89 % will have had spontaneous onset of labor.’

The book is well designed and is divided into seven sections, all of which have much to offer the practicing physician and the resident in obstetrics and gynecology. The contributions to the second section of the book dealing with the newborn are well presented and cannot be faulted. The same applies to the fifth section which deals with ‘Gynecological Endocrinology and Infertility’. It is also good to see a well-written section dealing with ‘Breast Diseases’.

The volume, however, demonstrates how a multiauthored text can lack uniformity and be repetitive. For instance, the treatment of ‘Septic Abortion’ is discussed in the chapter entitled ‘Abortion’ as well as the one on ‘Therapeutic Abortion’. Likewise, one cannot decipher why ‘habitual abortion’ and ‘cervical incompetence’ are included in the contribution entitled ‘Therapeutic Abortion’. In the second edition it would be nice to include separate contributions on cervical incompetence, habitual abortion and septic abortion. Surely this can be corrected in the second edition because one notes separate articles on hyperthyroidism, hypothyroidism, treatment of female genital tuberculosis, pelvic tuberculosis, as well as pregnancy and pulmonary tuberculosis. All these clinical entities are less commonly encountered...
in obstetric and gynecological practice compared to habitual abortion, cervical incompetence and septic abortion.

Despite these criticisms, the book has a good future and is, as indicated by the editor, a volume which furnishes an opportunity for an individual in practice to have, in a relatively few minutes reading time, the thinking of an expert about the ideal therapy for a particular problem.

David Charles, Huntington, W. Va.

R.B. Greenblatt

The Development of a New Triphasic Oral Contraceptive


An enormous amount of clinical evidence has been collected on oral contraceptives to show that these compounds are among the most effective drugs ever developed. At the same time there are certain individuals who are at risk of complications from such steroid-contrast agents. Research is still being conducted to obtain further information which will ultimately place the possible and actual side effects of such steroids in true perspective.

During the past decade sequential regimens have been discontinued and formulations with reduced steroid dosage have been the mainstay of oral contraceptive regimens. New steroids have been developed but have not proven to be superior to the estrogens and progestins already available. It is, therefore, not surprising that a new triphasic approach to conception control with steroids has undergone clinical trials.

This small volume contains a symposium dealing with a new triphasic oral contraceptive. The papers, which number eight, are well edited and the introductory chapter and summary by the editor deserve to be read. However, it is noted that the incidence of breakthrough bleeding on this regimen is more frequent at the commencement of treatment and only drops to a very low level at the end of 1 year.

One wonders why this volume was published because most of the information could have been distributed by the pharmaceutical companies which currently manufacture and market the triphasic oral contraceptive. In fact, the book is a prohibitive price considering that it has very little to offer except that it underscores the need for therapeutic trials of all formulations of oral contraceptives and the necessity of accurately measuring both risk and benefits. If such methodology is not used, neither patients nor physicians will have a valid basis for a risk-benefit concept of newer formulations of steroidal antifertility agents.

David Charles, Huntington, W. Va.