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This volume consists of 71 papers presented at a symposium held in Aarau in October 1972. It is obvious to anyone who reads this compilation, that fewer papers with free discussion from the floor would have resulted in a more lucid appraisal of current opinions concerning oedema, proteinuria and hypertension complicating pregnancy. In fact, the proceedings of this meeting should be drawn to the attention of other societies so that they can see how the presentation of too many mediocre papers can render a great disservice to the professional community. Though more research has probably been directed to discover the etiology of pre-eclampsia than any other complication of pregnancy, this book fails to furnish any enlightenment in this regard. However, the group have, at long last, laid to rest the term toxemia, especially as it is now apparent that no hypothetical toxin exists. Similarly, the organization is making an attempt to enunciate an international classification which will be universally acceptable in respect of the diagnosis and severity of oedema, proteinuria and hypertension in pregnancy.

The papers are in English, French and German and it is regrettable to note that many of those written in English are inundated with grammatical errors. Surely it would have been preferable to publish the whole proceedings in the German language. To illustrate this point I would like to quote the following sentences from the concluding paragraph on page 168 which is written by an individual from the United Kingdom:

‘Correlation exists between the amount of proteinuria and the severity of pre-eclampsia as scored by the Gestosis Index but the foetal outcome is perhaps the best criteria as shown in the two cases with high Gestosis Index but low levels of proteinuria and delivery of live children. If protein is found to be present in the urine by the Albustix and confirmed by the biuret method, the pregnancy must be carefully monitored, not only for the presence of urine infection, but more important for pre-eclampsia. Although the number of patients found to have proteinuria in pregnancy is small, the routine practice of testing the urine for protein must be continued in order that some effort can be made to reduce the mortality rate of those babies whose mothers have proteinuria associated with hypertension. Which has been reported at 79.6 per thousand live births, more than twice the overall rate of normal pregnancy.’

One can go on at great lengths about the poor literary style but one also must criticise the content of the various sections of this volume. There is little doubt that oedema, proteinuria and hypertension during pregnancy are not reversed by thiazides. These agents are known to have diabetogenic properties and long-term therapy has been associated with maternal and neonatal complications. It is essential to state that if thiazides are used, the serum electrolytes should be adequately monitored as well as eliciting any accumulation of purine metabolites. Similarly, it is mandatory that the obstetrician who uses such agents be aware of the risk of post-partum vascular

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collapse. Therefore, one is surprised to find papers endorsing the idea of the routine use of diuretics during pregnancy.

Included in the proceedings are papers on steroid methodology and one wonders why the authors have not published their procedures in one of the many journals devoted to this aspect of laboratory medicine.

Many of the papers by the leading authors have been partly published elsewhere and we must sympathize with individuals who are continually being asked to contribute new material. The latter infers either that there are too many meetings, or that some symposia have greater delays in publication than others.

Although there is much of interest to those who are prepared to browse, this volume fails to satisfy the demands of the modern, practicing obstetrician and gives little food for thought for the research worker who is endeavours to unravel the etiology of EPH gestosis.

D. Charles, St. John’s


In spite of the appearance of new textbooks of obstetric and gynecological pathology, this manual started by Emil Novak continues to hold its position as one of the standard works in this field. The seventh edition, which has once more been revised by Edmund Novak and J. Donald Woodruff, retains those features which have been distinctive in previous editions. The new illustrations conform to the high standard one expects from this textbook. In the preface, the authors state that black and white photographs seem generally satisfactory and avoid the excessive cost of colour plates which is ultimately passed on to the consumer. The reviewer entirely agrees with these sentiments but at the same time feels that the time has arrived when some of the illustrations depicting the gross appearance of a pathological entity could be discarded. This is well-exemplified by the first two figures in chapter 8 concerning the gross appearance of marked hyperplasia of the endometrium. A similar comment also should be applied to the coloured illustration in chapter 9, depicting long-term estrogen therapy and, in addition, those concerning ovarian neoplasia such as the macroscopic features of cystadenofibroma, Brenner tumour and fibroma. These are, however, minor criticisms and the book in its new form can be recommended as an erudite and up-to-date work on this subject. It will continue as the standard reference for the practicing pathologist and gynecologist. It is, therefore, not surprising that it has a worldwide reputation and the authors can be congratulated on a job well done.

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