

The patient should be watched. Certainly in adults there can be no reason for doing an orchidopexy. In bilateral cases orchidopexy before the age of 10 years is advised as it is the only hope of preventing certain sterility.

If in the repair of a hernia satisfactory orchidopexy is impossible or if the testis is found to be unusually small, then it should be removed provided the other testis is normal.

The results of treatment by gonadotrophins and by operation are reviewed as is the literature. It is pointed out that descent of the testicle into the scrotum is of itself not evidence of successful therapy. It is spermatogenesis that is so important to aim for.

The material is well presented. The microphotographs are good and the references and bibliography excellent. These features make for pleasant reading of matters that require to be much more widely known.

**The Lower Urinary Tract in Childhood.** By S. R. KJELLBERG, N. O. ERICSSON and ULF RUDHE. (Pp. ix.+298; 265 figures. 12s.; 18.00\$.) Chicago: Year Book Publishers; London: Interscience Publishers. 1958.

This is primarily a radiological monograph and fully upholds the very high standard which we have come to expect from Swedish publications in this field. The illustrations are so numerous and well-reproduced that this volume will undoubtedly become an indispensable work of reference for x-ray departments undertaking urological investigations in children. Good chapters on anatomy and physiology preface the discussion of pathological conditions, but in the latter the text is so sparsely scattered amongst the illustrations that the thread of the argument is sometimes hard to follow. It is interesting to note that, as in other centres where radiography is given precedence over endoscopy, these authors lay great emphasis upon the role of urethral valves as a cause of urinary obstruction and enuresis, while 'bladder neck obstruction' is regarded as rare. The chapter on ectopic ureterocoele is particularly valuable, as might be expected from Dr. Ericsson's previous studies.

**Clinical Application of Hormone Assay.** By JOHN A. LORAIN. (Pp. xii+368; 305 figures. 30s.) Edinburgh and London: E. & S. Livingstone. 1958.

Since the war hormone assays have passed increasingly into the province of the clinician and the clinical research worker; they are no longer confined to the physiologist concerned with pure research, or the pharmacologist attached to a drug house. Clinical problems have brought their own peculiar difficulties to assay work, the chief of which are the minute quantities of the hormones present, as a rule, in biological fluids, and the extreme complexity, i.e., impurity, of the fluid which has to be tested. That these problems have been posed but by no means solved is illustrated by the fact that in five of the nine chapters which deal with bio-assays in this book, the author concludes with the statement that the available techniques are inadequate for routine application

in the clinical field and that further work is necessary in methods of extraction of the hormones from blood and urine.

A chapter is devoted to every hormone, except the thyroid, the parathyroid and the gastro-intestinal hormones, and each contains a brief description and evaluation of the possible methods of assay, with a summary of the principal findings in normal and in pathological conditions. The physician who is interested in endocrinology will find the book easy to read and entirely lacking in complicated diagrammatic speculations which often confuse rather than clarify. The specialist will find in it an excellent and critical introduction to work in each field, with frequent suggestions as to what needs to be done.

It is a commonplace that biochemical methods should, if possible, replace biological methods, and this is particularly true in the clinical application of hormone assay. Clearly biological work can hold its own where fundamentally new discoveries are concerned, but the doctor is concerned with an individual patient and the superiority of chemical methods in this report is unquestionable. This is brought out very well by Dr. Loraine in his chapter on the oestrogens. The concepts which emerged from the earlier biological work have not, in the main, been challenged by the subsequent chemical studies, but what the latter have produced are firm figures by which the normal can be distinguished from the abnormal.

**Infant Feeding and Feeding Difficulties**, 3rd ed. By PHILIP EVANS and RONALD MAC KEITH. (Pp. viii+293; 66 figures. 16s.) London: J. & A. Churchill. 1958.

For the third edition of this now well-established handbook on infant feeding Dr. Mac Keith alone is responsible. There is evidence of revision in all parts of it and perhaps most noticeably in the chapters on practical manoeuvres and the physiological aspects of lactation. The section on diets has been extended to include modern work on inborn errors of metabolism.

That a third edition has been called for seven years after the book originally appeared is at once an indication of the advances which have been made in infant feeding in this period and of the popularity of the book.

**Les Regimes du Nourrisson Bien portant ou Malade.** By P. DELTHIL. (Pp. 346. Fr. fr. 3,350.) Paris: G. Doin. 1957.

The publishers comment that there are few practical books on infant feeding, that the best of them date from more than 30 years ago and do not represent present ideas and that the comprehensive treatises do not give clear enough guidance. Dr. Delthil's book is 330 pages long, well-printed and clearly set out and may well be a considerable advance on what has been available in French up till now. However, as far as the present ideas on infant feeding in Scandinavia, North America and Great Britain are concerned, it is far from up to date. This might represent a justifiable French decision not to