

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. Lorain 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

follow fashions popular in other countries but that is not a complete answer. The attitude represented here is not only old-fashioned but is also inefficient, just as ours was 30 years ago. For example, insufficiency of breast milk is said to be revealed by falling-off of the weight curve, pallor and lack of tissue firmness of the child, sometimes by digestive troubles, false diarrhoea or vomiting. Do not French babies announce their hunger by crying? Test weighing is recommended, it being said that in the second month it should be '110 grms to 120 grms' and in the third month '125 grms to 135 grms'. Do not French babies vary widely in their individual needs? The section on breast feeding is too brief and, although it includes a table of amino-acids contained in breast milk, it does not refer to the draught reflex, knowing about which is an 'éclatante' aid in helping mothers to breast feed successfully. There is nothing about the prevention of cracked nipples and, in saying it is sometimes necessary to suspend suckling, no mention is made of the need to express the milk to avoid engorgement when suckling is omitted. A proper knowledge of the physiology and detailed management and difficulties of breast feeding would be a better way of increasing the number of women successfully breast-feeding than the remedy the author recommends, which is, 'Convinced of the striking superiority of breast milk, doctors should proclaim it incessantly and devote themselves to a continued propaganda'. One could make minor criticisms; for example, under renal acidosis, anorexia is mentioned as an important symptom but renal acidosis is not given when the causes of anorexia are discussed.

Dr. Delthil was formerly *Chéf de Laboratoire* at the *Hôpital des Enfants Malades*. Whether he is now in practice I do not know. However, there are doctors in Paris who know what immense practical help knowledge of the physiology of lactation and child-centred management, instead of mechanical management of the individual child's feeding, can give. I am inclined to suggest that one of the small English text books on infant feeding adapted by a French paediatrician might be found of greater practical value than this particular work. I am sorry to say this for there is much that is very good and very acceptable in the book but the author seems to me to have missed the chance of including the last 20 years' advances in the practice of successful infant feeding.

**Treatment of the Child in Emotional Conflict.** By HYMAN S. LIPPMAN. (Pp. x+298. 45s.) London: McGraw Hill. 1956.

Some such book as this should be read by every paediatrician in training. Child guidance is an established adjunct to child health, and the report of the Commission of Child Guidance in this country visualizes considerable extension of this policy. Although the general pattern of all child guidance is similar, the underlying psychiatric and psychological principles in each particular clinic are to a large extent dependent on the training and principles of the consulting psychiatrist in charge. This book is a concise, straightforward exposition of the full Freudian outlook on child guidance. It is written in plain English for the intelligent, but not

specially trained, medical personnel, and it is only necessary to become fully acquainted with the precise meaning of such terms as 'ego', 'super-ego', 'id', and a few others, to be clear of the meaning of every page. Since its psychological orientation is totally Freudian, as developed for child guidance by Melanie Klein, Susan Isaacs, Aichorn and others of a rather closely knit group of workers, it will certainly not meet with universal acceptance by paediatricians or child guidance workers in this country. Nevertheless, every page is written with such seriousness and such intensity of understanding and sympathy for the sufferings of the emotionally disturbed child, and so much of it has universal application, that it might well be read with equally responsive understanding by all those engaged in child health work.

The book is divided into seven sections: the first, of four chapters, discusses the general symptoms of emotional complications in childhood and the kind of influences it may exert on mental growth and development. It also takes the reader through the general arrangements and methods of therapy, the working and the staffing, of a particular child guidance clinic in the United States. The following four sections deal successively with four major clinical groupings of emotionally disturbed children, namely, the 'Neurotic Child', the 'Child with Personality Problems', the 'Child who "Acts Out"', and lastly the 'Child with a Tenuous Hold on Life'. Each of these major divisions of from three to six chapters, takes the reader through particular individual types of maladjustment illustrated by brief appropriate extracts from case notes. The last section discusses in general terms the prevention of social and emotional maladjustment and defines some of the wider aims of child guidance.

The author is obviously convinced that with adequate psychotherapy, that is with therapy often lasting over two or three years, but sometimes very much less, children who would otherwise grow up with such maladjustment as to make their adult life burdensome to themselves and others, can eventually be salvaged sufficiently to grow up reasonably well-adjusted human beings. This is a considerable claim, particularly when one reads some of his fearful case notes. But what he does not make quite so clear is how successful a widely distributed network of child guidance clinics will prove to be in dealing with the day-to-day maladjustment of quite a large proportion of the child population. If adult maladjustment has its roots in childhood, which is widely accepted, this latter problem is of vast importance and would be the decisive justification for the large and expensive set up that exists in America and to a lesser extent in this country.

**Deafness, Mutism and Mental Deficiency in Children.** By LOUIS MINSKI. (Pp. viii+82; 14 figures. 12s. 6d.) London: William Heinemann. 1957.

The main theme of this book is the importance of distinguishing between deafness, mental deficiency and emotional disturbance in children with severe delay in speech development. A brief account is given of two residential units set up by the author to investigate and