
There is no shortage of explanations for nocturnal enuresis. The doctor can take his choice from among: acid urine or excess urine, bladder anomaly or irritability, deep sleep or sleeping on the back, too early or too late pot-training, psychological or family disturbances, low social class or low spina bifida, genetic transmission and delayed maturation (but of what?). Case records and even statistical evidence may be adduced, and the theories may be bolstered by a wide variety of claimed cures resulting after an even wider variety of treatments.

In this small book the author, after an epidemiological survey, reviews objectively most of the reputed causes. ‘In such a widespread disorder’, he sensibly remarks, ‘it is undoubtedly a mistake to seek to establish a constant, single cause.’ With any form of treatment the factor of suggestion is admittedly important, and one sympathizes with the statement that, ‘Evaluating the results of drug therapy is more difficult than any other form of treatment: the results are often unintelligible, if not absurd.’

The author considers that the most important factors in nocturnal enuresis are polyuria and hypsomnesia, though he admits that these are by no means constant, and they are not accepted by all observers. He postulates a phasic inversion of antiuretic hormone secretion in nocturnal enuretics (even though it is not possible to measure lowering of the level of antiuretic hormone). Although the antiuretic effect of vasopressin, used as a form of replacement therapy, seemed inexplicably to be maintained for some hours after all the drug must have been excreted, he reports improvement in some severe and otherwise intractable cases.


This book is a collection of papers given at a symposium on bile pigment metabolism held at the Royal

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This is the German edition of the now classic French work ‘Problèmes Actuels de Nephrologie Infantile’. It is, however, more than just a straightforward translation from the original. The chapters have been rearranged in a more logical manner. For example, the various forms of glomerulonephritis are considered in consecutive chapters and the nephrotic syndrome is described in detail in one large section. By contrast, the thrombotic microangiopathies now rate a chapter to themselves. Other subjects such as rickets, hypercalciumia, and idiopathic renal acidosis follow the original format more closely but may not appear in exactly the same text order. The number of illustrations, which are again of very high quality, has been increased, and new photomicrographs of histological preparations appear in the illustrated section at the end of the volume. Not unnaturally the bibliography has been increased to include a number of references to German work in the field of renal disease, and the large section on the treatment of renal disorders has been slanted towards acceptable German practice.

This German volume is much more pleasant to handle than its French predecessor. The binding is excellent and the quality of the paper is much improved. The general lay-out has been cleverly altered so that in spite of additions to the text the number of pages has been reduced by 30.

This work has achieved considerable success in the French and Spanish editions. The German one will undoubtedly do likewise.