# **REVIEWS OF BOOKS : BOEKRESENSIES**

#### THE PERSON BEHIND THE DISEASE

The Person Behind the Disease. By Julius Bauer, M.D., F.A.C.P. Pp. vii + 136. \$3.50. New York and London: Grune & Stratton, Inc. 1956.

Contents: Preface. I. Etiologic and Pathogenetic Factors in the Diseased Person. II. Uniqueness of the Individual. III. Pathogenic and Nonpathogenic Mutations. IV. Clinical Syndromes and Irregular Polygenopathies. V. Constitutional Biologic Organ Inferiority. VI. Holistic Medicine: The Parts and the Whole. VII. Psychologic Medicine.

Dr. Bauer sets out, as he says in the preface, 'to elaborate the fundamental principles of a holistic concept of medicine'. First, there are extrinsic causes of disease. These have, up to recent times, received most attention and study. Even in this field many questions remain unanswered. Why, when one person gets in fected with the treponema pallidum, does he get tabes whilst another suffers from bone syphilis? And why, after tonsillectomy, when more than a third of the subjects have a temporary bacteraemia do some cases develop subacute bacterial endocarditis whilst most escape this complication. He discusses genetic constitution not only as regards gross physical development but also as it shows itself in enzymic defects. What is the basis of heredo-familial degenerations and what is there in Gower's concept of abiotrophy! Dr. Bauer enumerates a number of syndromes in many of which several, apparently unrelated abnormalities occur, e.g. the Laurence-Moon-Biedl, the Turner's and the Peutz-Jegher syndromes. Not least important is the psychological side of the person.

To many of the questions asked there simply are no answers. In so short a book many aspects are no more than touched on. There is every now and then an abrupt jump from one point to another: the theme is not smoothly developed. Surprisingly,

allergy is dealt with only in the preface.

F.F.

## TRIALS OF EVANS AND CHRISTIE

Trials of Evans and Christie. Edited by F. Tennyson Jesse. Pp. c + 379. 16 Illustrations. 30s. Lo Glasgow: William Hodge & Co. Ltd. 1957. London, Edinburgh,

Contents: Introduction. Leading Dates. Trial of Evans: Arraignment. Legal Argument. Opening Speech for the Prosecution. Evidence for the Prosecution. Evidence for the Defence. Closing Speech for the Prosecution. Speech for the Defence. Charge to the Jury. Verdict. Sentence. Trial of Christie: Arraignment. Opening Speech for the Prosecution. Evidence for the Prosecution. Opening Speech for the Defence. Evidence for the Prosecution. Opening Speech for the Defence. Closing Speech for the Prosecution. Closing Speech for the Defence. Closing Speech for the Prosecution. Charge to the Jury. Verdict. Sentence. Appendix I—Appeal by Timothy John Evans. Appendix II—The Scott Henderson Report. Appendix III—Debate in the House of Commons, 29th July, 1953. Appendix IV—Supplementary Report by Mr. Scott Henderson. Appendix V—Debate in the House of Commons, 5th November, 1953.

The Trial of John Reginald Halliday Christie at the Old Bailey shook the public. Not only because the man on trial was the selfconfessed murderer of at least six people (and possibly more) but also because there emerged at trial the deadening possibility that an innocent man Timothy John Evans had been sentenced to death and executed in 1950, for a murder that was possibly done by Christie.

The facts are well known. Both Christie and Evans lived together in the same apartment house where Evans' wife was found strangled, together with the body of his 14 month old daughter who had also been strangled. Strangulation was the method used by Christie in all his murders. An extraordinary coincidence if it were to be that two murderers were living in die same premises, both using strangulation as a means of killing their victims.

The investigation resulting in Evans being brought to trial was initiated by a confession made by him to the police. At his trial Christie was an important crown witness against Evans. In one statement (among several) made to the police Evans had implicated Christie. What was not known at the time was that in the garden of the same house, were buried the skeletons of two women murdered by Christie by strangulation in 1943 and 1944.

The medico-legal interest in the trial of Christie was his mental and psychological state. It was established by the psychiatric evidence that he suffered from hysteria and that he was a necrophilist. His murders had a marked sexual element. Intercourse occurred while his victims were dying or dead. Christie was duly convicted and hanged.

The defence taken was that of insanity. In English law such defence will only succeed if brought within the limits of the well known M'Naghten rules. The accused must either 'not know the nature and quality of the act at the time he performed it or not know that it was wrong'. The psychiatric evidence could not satisfy such requirement in respect of Christie's mental state. South African law is wider than English law and a defence of irresistible impulse based on mental disease, if such impulse prevents a person from controlling his conduct, may be taken. One may speculate whether Christie's sexual perversion taken together with his hysterical state would have brought him within the ambit of a defence in a South African court. This is an interesting problem for the psychiatrist.

The trial of Christie led to a debate in the House of Commons, and an inquiry into the deaths of Evans' wife and child, which was also debated. The report is given in full as are also the debates as reported in Hansard. The complete records of both trials are included in the book and a first class analysis in the form of a long introduction by the authoress, Mrs. F. Tennyson Jesse.

This book, though it contains largely verbatim reports and speeches, is better than any thriller. Medically it provides a fascinating exercise in psychiatric diagnosis. It proves once again that no doctor can be too careful when called upon to give evidence. A man's life can hang on a medical thread.

### THE MEDICAL ANNUAL

The Medical Annual. Seventy-fifth issue. Edited by Sir Henry Tidy, K.B.E., M.A., M.D. (Oxon.), F.R.C.P. and R. Milnes Walker, M.S. (Lond.), F.R.C.S. Pp. xl + 570. Plates LII. Bristol: John Wright & Sons Ltd. 1957.

Contents: Contributors and their Contributions. List of Plates. Publisher's Note. Introduction by the Editors. Review of the Year's Work. Special Articles: The Modern Theory of Blood Coagulation, Hypothermia, Nutrition and Vitamins, Prostatic Enlargement. The Practitioners' Index: Recent Pharmaceutical and Dietetic Preparations, Medical and Surgical Appliances, etc. Books of the Year. General Index.

The Medical Annual, under the joint editorship of a leading British physician and a leading British surgeon, continues in its well-known way for the 75th time. This annual review attempts to encompass a year's advances in the whole field of the art and science of medicine. It is rather difficult to know to whom to recommend it. Is it for the general practitioner? He will find plenty to interest him, but seldom enough of any one subject to help him. He will find many rarities which he will probably ignore. The specialist will find some useful references in certain fields, but will be disappointed at the amount which remains, rather arbitrarily, unmentioned. The medical student will value the four special articles, which are on the subject of blood clotting, hypothermia, nutrition, and prostatic enlargements, but he will certainly not buy the book. It seems to this reviewer that the most value is obtained from the sort of article like that by Meadows on myasthenia gravis, which occupies 6 pages and summarises thoroughly the important modern views on this disease, quoting only a small number of references. For more complete coverage of the literature of each speciality, the seeker for knowledge could then turn to annuals dealing only with his special field.

It is a good hardy annual, and will claim its usual faithful followers. It has, however, reached the age at which, if the mixed metaphor be excused, a face-lift might be desirable.

### BEDSIDE DIAGNOSIS

Bedside Diagnosis. Fourth Edition. By Charles Seward, M.D., F.R.C.P. (Edin.). Foreword by Lord Cohen of Birkenhead, M.D., D.Sc., LL.D., F.R.C.P., F.A.C.P., F.F.R. Pp. xxiv + 430. 21s. net + 10d. Postage Abroad. Edinburgh and London: E. & S. Livingstone Ltd. 1957.

Contents: Introduction. I. Psychogenic Symptoms. II. Some General Considerations regarding Pain. III. Head Pain. IV. Thoracic Pain. V. Epigastric Pain

VI. Umbilical Pain. VII. Hypogastric Pain. VIII. Lateral Abdominal Pain. IX. Anaemia. X. Epistaxis. XI. Haematemesis. XII. Haematuria. XIII. Haematuris. XII. Haematuris. XVI. Dyspnoea. XVII. Tachycardia. XVIII. Dysphagia. XIX. Vomiting. XX. Diarrhoea. XXI. Jaundice. XXII. Debility and Loss of Weight. XXIII. Pyrexia. XXIV. Normal Values. Index.

Since this book first appeared in 1949 (and was reviewed in the *Journal*), it has gone through 4 editions and has been translated into Spanish and Portuguese. Such a demand indicates that, with this book, Dr. Seward has indeed filled a need which he felt existed both for the medical student and for the doctor.

The layout of the book is unchanged in that the main presenting symptoms of disease of the different bodily systems are presented at the beginning of each chapter and are dealt with on a standardized plan beginning with a synopsis of the causes of the symptom, the physiology of the symptom and then the diagnostic approach. The disease themselves are but briefly described, and obviously the book must be used in conjunction with larger standard text books of Medicine.

With each successive edition small additions to the subject matter has been made and the book remains thoroughly up to date without any appreciable increase in bulk. A very useful addition, at the end, is a chapter on Normal Values.

The main faults of the book are the inevitable results of compression, so that no adequate evaluation of the importance of various conditions in the causation of different symptoms is possible. For example, in discussing headaches, one is left with the impression that any elevation of blood pressure above the arbitarily chosen normal of 150/100 may be responsible for headaches. The description of some diseases also is so brief that the conditions are scarcely recognizable. However, there is a commendable emphasis on the importance of psychogenic symptoms, and the opening chapter on Psychogenic Symptoms is particularly well presented.

There can be no doubt that Dr. Seward's book will continue to maintain and even increase its popularity. One can recommend it especially to the student in his first clinical years.

H.M.

### PARTICULATE CLOUDS

Particulate Clouds: Dusts, Smokes and Mists. By H. L. Green M.A. (Cantab.), F. Inst. P. and W. R. Lane, B.Sc. (Birm.), F. Inst. P. Pp. xix + 425. Illustrated. 70s. net. London: E. &, F. N. Spon, Ltd. 1957.

Contents: Foreword. Preface. Acknowledgements for Figures and Tables. Literature Abbreviations. Section I. Introduction. Section 2. Production of Particulate Clouds. Section 3. Some Physical Characteristics. Section 4. Optical Properties. Section 5. Coagulation. Section 6. Deposition and Filtration. Section 7. Sampling and Estimation. Section 8. Diffusion in the Atmosphere. Section 9. Collection. Section 10. Health Hazards. Section 11. Atmospheric Pollution. Section 12. Aerosols in Nature. Section 13. Uses of Particulate Clouds. Author Index. Subject Index. Plates.

Pollens and some other allergens spread as air-borne particles; tobacco smoke is carried to the lungs and to the audience in theatres in the same kind of way. Bacteria may be spread as particulate clouds. Other particulate clouds, under the name of 'smog', have in recent years become notorious health hazards. Examples of importance in public health are the spread of radio-active isotopes in the atmosphere by nuclear explosions and the attempts to reduce the incidence of silicosis in South African gold mines. In part I of this book the authors deal with the physics and the physical chemistry of clouds of small particles or droplets. Production of clouds artificially and in nature, their optical properties, the rates of coagulation of the particles, deposition and filtration and methods of sampling are all treated, as also diffusion processes in the atmosphere. Much of the treatment is quantitative and is not easily understood without a considerable knowledge of physics Results of calculations are, however, often and mathematics. presented in a simple way by means of graphs or tables. This part of the book—more than half of the whole volume—would be valuable to public health officers and to medical research workers mainly as a work of reference. As such it is authoritative and covers a very wide field, including much not likely to be of direct interest to doctors.

Part II is, in the main, easily read. It gives very useful descriptions of methods of collecting particles from clouds and there is a chapter on health hazards, including tables of properties of a number of radioactive aerosols. Such topics as the respiratory retention of bacterial aerosols, tobacco smokes, and fire and explosion hazards are also treated. Atmospheric pollution, smog and chemical

contaminants are treated in some detail. Then, there are descriptions of therapeutic applications, such as inhalers and atomizers,

On the whole this is a most valuable book with a very useful bibliography. It is an essential for the library of a medical school and for research workers in certain fields of medicine. Some chapters should be of interest to all medical men. It is well printed and the plates and diagrams are very well reproduced. W.S.

### ATLAS OF MUSCLE PATHOLOGY

An Atlas of Muscle Pathology in Neuromuscular Diseases. By J. Godwin Greenfield, M.D., G. Milton Shy, M.D., Ellsworth C. Alvord, Jr., M.D. and Leonard Berg, M.D. Photomicrographs by Fred H. Meiller. Pp. ix + 104. Illustrations, some in colour. 45s. net + 10d. Postage Abroad. Edinburgh and London: E. & S. Livingstone Ltd. 1957.

Contents: Part I. Histopathological Reactions of Muscle. 1. Structural Changes in the Muscle Fibre: Loss of Cross-striation, Cloudy and Granular Changes, Floccular Changes and Phagocytosis. 2. Changes in Muscle Nuclei. 3. Changes in Fibre Size. 4. Basophilic Fibres with Vesicular Nuclei and Prominent Nucleoli. 5. Ringed Fibres. 6. Sarcoplasmic Masses. 7. Changes in Interstitial Tissues: Collagen and Fat. 8. Leucocytic Infiltrations. 9. Changes in Muscle Spindles and Peripheral Muscular Nerves. 10. Pattern of Lesion. Part II. Clinica-Pathological Correlations. 11. Clinical Classification of Neuromuscular Diseases. 12. Distal Muscular Syndromes. Large Groups of Small Fibres and Anormal Peripheral Muscular Nerves and Muscle Spindles. 13. Myotonic Syndromes, Ringes Fibres, Sarcoplasmic Masses and Internal Nuclei. 14. Proximal Muscular Syndromes. Abnormally Large Fibres, Structural Changes, Phagocytosis, Basophilic Fibres with Vesicular Nuclei and Prominent Nucleoli, Leacocytic Infiltrations and Abnormal Collagen and Fat. 15. Myasthenia Gravis: Lymphorrhages and other Abnormalities. Summary. Conclusions. Appendix I: Methods and Techniques. Appendix II: Cross-index of Cases. Bibliography and References. Index.

This work is the result of a study by four independent investigators who set out to determine how much the pathologist, with ordinary techniques, could contribute to the differential diagnosis of neuromuscular diseases. Muscle biopsies from 121 cases of neuromuscular disease were examined, at first by each investigator individually and later by the group, in an attempt to define the fundamental histological changes that occur in diseased muscles and to correlate these findings with clinical observations.

A pathologist's interpretation of a histological section must, of necessity, be influenced by the clinical information made available to him. In a field where much ignorance and confusion still exists as to the significance of histological appearances there is, however, a great deal to be said for a 'blind' study of the histological sections by the pathologist lest, not only his interpretation, but even his description be influenced by the clinical diagnosis. Awareness of this has led the authors to divide their atlas into two parts.

In Part I the various types of histopathological changes that occur in muscles are defined and illustrated without reference to clinical data. The illustrations, many of which are in colour, are of a high standard. One is particularly impressed by the author's deliberate use of simple descriptive histological terms, and the avoidance of terms (such as atrophy or degeneration) which carry certain pathogenetic implications that may not always be correct.

In Part II the authors define in simple terms the various clinical types of neuromuscular disease and attempt to correlate the histological changes previously described with the clinical findings. No single change was found to be specific for any disease. Certain combinations of changes were suggestive (such as the presence of ringed fibres, sarcoplasmic masses, large muscle fibres and many internal muscle nuclei in dystrophia myotonica) but the authors are the first to admit the limitations of muscle biopsy in the differential diagnosis of many of the neuromuscular disorders. One feels, with the authors, that further study of more cases will solve some of the problems in this field. The authors' description and evaluation of the histological changes seen in muscle biopsies will serve as a valuable basis for such studies and as a welcome guide to the pathologist engaged in routine diagnostic pathology.

An appendix describes the technique of muscle biopsy, and pathologists the world over will appreciate the advice given to the operator on how to avoid the distortion which may be produced by the injection of local anaesthetic into the muscle or by crushing or tugging.

The mode of presentation of the subject matter in this book is perhaps rather unorthodox, but the final product is one which should be welcomed, particularly by pathologists, but also by all who are interested in neuromuscular disorders.

M.S.