


**Book Reviews**


It is easy for those delivering health care at the ‘pitface’ to forget that virtually all clinical problems arising in reproductive health are controlled by the ovaries. Hidden from view within the abdominal cavity, the ovaries secrete hormones that produce profound changes in target organs such as the uterus, vagina, breast and bones. Modern reproductive health care involves manipulation of ovarian function, not only for contraception, but also for the management of a range of sex hormone-dependent conditions such as menorrhagia, dysmenorrhoea, infertility and endometriosis. Some understanding of the physiological control of ovarian function is, therefore, a great help in the rational management of reproductive disorders.

This multi-author book is a very comprehensive account of the physiology of the ovary. The second edition has been extensively updated to include the most recent publications in a rapidly expanding area of science. The book covers hormonal and molecular mechanisms of follicular development, ovulation, oocyte maturation, and formation and function of the corpus luteum. Disappointingly, for the development of a once-a-month pill the mechanism underlying regression of the corpus luteum in our own species, in contrast to many other mammals, still remains a mystery despite extensive research.

Probably of more direct relevance to reproductive health professionals are chapters on induction of ovulation, infertility and assisted conception, and polycystic ovary disease. There is an excellent chapter by Joe Leigh Simpson and Aleksandar Rajkovic on syndrome of ovarian failure that are associated with a number of gene mutations and molecular perturbations. For example, the fragile X syndrome of mental retardation and associated facial characteristics in males is caused by a mutation of the FMR1 gene on Xq27, which results in repetition of triplet repeat (CGG) 230 times or more. In heterozygote females the clinical phenotype is related to the number of CGG repeats. Those women with 50–200 repeats (premutation) may show premature ovarian failure accounting for 16% of cases of familial premature menopause in women who are normal in all other respects.

This is not a book for the family planning doctor wanting guidelines for clinical management. Rather it is a comprehensive reference and value for money (priced at £111), more for those who are curious to enquire into the scientific basis of clinical medicine.

Reviewed by David T Baird, MB BChir, DEd, Professor Emeritus, University Department of Obstetrics and Gynaecology and Director of Contraceptive Development Network, Edinburgh, UK


I was intrigued to read the descriptions in this account of Libby Wilson’s experiences in both general practice and family planning services in the sixties. Although I recognised many of the scenarios from my own experience (just a few years later than Libby’s), I thought as I read them – will younger people believe we really managed like this? Fitting an intrauterine device (IUD) at home, while being licked by a large Alsatian dog, is a far cry from the aseptic surroundings of most IUD fittings today. Some of the battles to provide services that she describes are continuing today – and reading historical accounts can help to avoid repeating the same mistakes.

However, I am not sure for whom the book is intended. Perhaps it is just as a record of what Libby Wilson did and achieved in a world where concealment of sexual activity and prejudice was even more common than today. These attitudes persist in some sectors of society. Those concerned with providing both contraception and sexual health services sometimes need reminding why it is so difficult to set up services, find the money and resources, and prevail against people who still think that sexual activity should be punished by disease, pregnancy or shame.

The chapters on abortion and on injectable contraception illustrate the difficulties that we had in introducing both into mainstream medical practice. The risk of prosecution when offering contraception services to the under-sixteens was very real. The amount of detail included here and occasionally in other chapters makes the book more suitable for those with some knowledge of medicine, drugs and the health service. The inclusion of an index also suggests that people might want to use it as a reference.

However, the earlier chapters about Libby Wilson’s childhood are suitable for anyone interested in the social history of growing up in a general practitioner’s family. The account of her married life with repeated pregnancies reminds everyone of why family planning is so beneficial to modern life as a woman. I was impatient in the earlier chapters to get on – when was she going to write about ‘Sex on the Rates’? Her anecdotes of the social interactions in the poorer areas of our cities resound with realism for those who work in such areas now, and she brings the book up-to-date with her accounts of people using illegal drugs and suffering from AIDS. The stories about real people make the book, which is written by a remarkable and independently minded woman and doctor.

Reviewed by Gill Wakeley, MD, MFFP Visiting Professor in Primary Care Development, Staffordshire University and freelance GP, Writer and Lecturer, Abergeley, UK

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