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Edited by
T. B. Hargreave

With 56 Figures

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Series Editor's Foreword

Twenty five years ago the subject of male infertility scarcely existed in urological practice. At that time semen analysis was a rather cursory microscopic test, the scope of endocrine and hormone tests was limited and debate about the relevance of a varicocele was only just beginning. Since then, progress has owed about as much to sociological change as medical progress. Acceptance that problems of fertility should be shared between partners is now no longer questioned and the willingness of both husband and wife to recognise this and to seek help has been an important change in clinical practice.

This book is concerned primarily with male infertility and it will be evident that this is now a substantial subject in its own right. However a need for a broad prospective in this subject is emphasised by a chapter on female assessment as well as reference to female aspects of infertility wherever relevant so that the reader remains properly aware that this subject is a problem for the couple.

Because our knowledge of this subject is changing so rapidly, Mr Hargreave has separated the contents into two parts. The first is concerned with basic biological problems and investigations with a full evaluation of current knowledge and methods. Also, details of new techniques that offer the prospect of real progress are a special attraction in this section.

In the second part of the book Mr Hargreave has encouraged his expert contributors to evaluate their subject both in terms of management and prognosis. It is a frustration to the clinician that so much of the work in male infertility comprises the choice of treatments that are very limited and their results unpredictable. Each topic in the second part of this book is dealt with in a very practical manner so that the authors succeed admirably in clarifying and not confusing the reader.

The infertile couple is anxious to know exactly what is the problem, whether or not it can be treated and what are the chances of achieving a pregnancy. Mr Hargreave has emphasised the management of the

couple and clinicians will appreciate this approach as well as the presentation of new data that offer important trends in diagnosis and treatment.

Edinburgh, April 1983

Geoffrey Chisholm

Preface

This book is intended to help the clinician in dealing with the infertile couple with an emphasis on the male factors. In the last 20 years there has been greater understanding of female infertility and it is now true to say that in most cases the problem can be defined and, in many, successful treatment given. The diagnosis of infertility on the part of the husband is imprecise and management usually ineffectual. There are two main problems that have led to this lack of progress: the first is that it has been traditional to assess husband and wife in separate clinics with the result that much of the published data about one or the other partner is meaningless if success is judged in terms of pregnancy. The second problem is that there are few tests that can be done on the husband that correlate with his subsequent fertility.

This book is divided into two parts. The first is devoted to investigation and basic science. In addition to an attempt to broadly cover the subject, special emphasis has been given to newer techniques of sperm analysis such as zona-free egg penetration. This latter test gives for the first time a method of measuring the ability of spermatazoa to fertilise and not only promises to give prognostic information about a man's fertility but may also allow the laboratory study of metabolic processes in sperm to be correlated with the ability to fertilise. There are also comprehensive chapters on recent advances in endocrinology and antisperm antibodies as these are areas where increased knowledge may soon lead to advances in therapy. Included in this section are guides to testicular pathology, chromosome analysis and psychiatric aspects of infertility.

The second part of the book is a problem orientated approach written by practising infertility clinicians. These sections are intended to provide quick reference as to what can be done now. Great care has been taken with the index in the hope that the busy clinician can quickly find a practical guide to the problem at hand as well as reference to the underlying science. Much clinical investigation of infertility remains to be done and if this book helps in any way to clarify the questions to be asked it will have been successful.

The chapter on AID and adoption is thought provoking; it remains to be seen whether the same problems of identity will afflict children born from AID as has happened with adopted children. In my experience most AID centres give very little information about donors and indeed it would be very difficult to recruit donors if the guidelines suggested by Dr. Triseliotis were followed; nevertheless this aspect of AID needs to be considered in any long term follow-up.

All the contributors to this book started by emphasising that rational management of infertility is only possible if the couple are dealt with together. The aim of the clinician should be to help the couple rather than to treat some abnormality. Most couples wish to know the prognosis quickly and do not want to waste years trying treatments that do not work. On the other hand the young couple must be protected from too quickly abandoning hope. The following extract from a press article conveys a patient's point of view:

Yet there have always been men and women who have been unable for one reason or another to reproduce. As at the other end of the scale there are those who are superfertile. To my grandparents generation control of fertility was haphazard. Fortune dealt you a small or large family or none at all, and if children did not arrive this had to be accepted. Nowadays this is not so easily accepted and the infertile person is therefore encouraged to expect a cure. It is within this framework of belief that medicine operates. Infertility clinics are geared to success rates, i.e. pregnancies. They are therefore inclined to encourage patients to keep on attending. Inevitably patients themselves, driven by an intense desire to become pregnant support this approach. For some this may end in pregnancy. However, for many this is unrealistic and draws out the excruciating period of hope and grief. Not knowing whether the future holds a child for you or not is like losing someone who is close to you. You don't know whether to believe he is dead or not so the future has no shape. The worst is expected, the best is hoped for, but neither can be assimilated until one becomes a fact. (Juliet Miller 1978. Quotation by permission of Juliet Miller and the Sunday Times).

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I have received constant encouragement from Michael Jackson, Medical Editor and Roger Dobbing, Production Editor of Springer-Verlag and from our series Editor, Professor Geoffrey Chisholm. I owe special thanks to Jane Teather for her meticulous subediting.

Finally I would like to dedicate this book to my wife Molly who has had to put up with the manuscript about the house and has been so patient with me throughout this endeavour.

Edinburgh, March 1983

Timothy Bruce Hargreave

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