

The translation is almost faultless, although there are a few peculiarities of style. Some of the anatomical terms require clarification and there are a small number of obvious errors in nomenclature, such as "mm" for "ml".

D. G. GARVIE

BONE AND JOINT DISEASE

British Medical Journal
London (1977)

131 pages. Price £3

A librarian who recently spoke on the state of public libraries complained that their biggest problem could be laid at the doors of book reviewers. The reviewers, he said, consistently overpraised many books, which resulted in unsuspecting librarians buying them, only to find later that the final arbiters, the reading public, left them unread on their overstocked shelves. Do the wrong people, then, review books, or do they need to be disciplined by librarians? Are librarians the right people to choose books on behalf of their readers? Does your local postgraduate centre library have shelves stocked with books that nobody reads?

What has this to do with *Bone and Joint Disease*? Well, whether the local medical library is an autocracy run by the benign and efficient skilled professional librarian, or has a strong and active library committee choosing the books, it is possible that this review might influence the decision to buy it or not. Therefore, a vital consideration transcending the quality and content of the volume itself is the possible readership.

This collection of 16 articles, published in the *British Medical Journal* in 1976 and 1977, is a small, manageable, and attractively produced book. The editor, who remains anonymous, has excellently arranged these most readable articles, and the cover, depicting a seventeenth century, very Heath Robinson, apparatus being used to apply traction to an arm, is a warm invitation to delve inside. Almost all the topics covered are of purely specialist interest. The generalist rushes hopefully to the chapter on backache only to find that it is heavy with theoretical considerations and that it concludes (of course) that the treatment of back pain remains controversial. In another section, the use of local steroids is discussed, though intra-articular injections predominate and tennis elbow is not mentioned. The rest of the book reviews either surgical progress or the finer points concerning uncommon conditions such as primary

bone malignancy, the surgery of club foot, or the management of structural scoliosis.

Thus, I must return to my original point: who is this book intended for? It could not have been intended for generalists or medical students, because it is largely irrelevant to their work, and I suspect that the specialist, even the junior one in the early part of his training, will want more meat with more references than this book provides.

M. J. AYLETT

THE PREMENSTRUAL SYNDROME AND PROGESTERONE THERAPY

Katharina Dalton

Heinemann, London (1977)

169 pages. Price £5.50

There are numerous books about gynaecology but *The Premenstrual Syndrome and Progesterone Therapy* is unconvincing in suggesting that the naturally occurring product, progesterone, is a cure for all conditions associated with the premenstrual syndrome, from minor tension states to baby battering.

There is nothing in this book to commend it, as the author suggests, as "a practical handbook for the general practitioner".

It is difficult to discern the relevance of the title, because the book is an amalgam of the use of progesterone in the treatment of pre-eclamptic toxæmia, abortion, postnatal depression, the menopause, and occasionally, the premenstrual syndrome. Most medical practitioners accept a simple division of the menstrual cycle into three parts—menstruation, postmenstruation, and premenstruation. However, the author springs the trap of confusion at an early stage by dividing the cycle into seven four-day segments. There is no explanation as to how a 24 or a 41-day cycle can be sub-divided.

Even semantics are not neglected, as "premenstrual" becomes "premenstruum".

The evidence offered to support the author's undoubted convictions is a conglomerate of individual, personal experience with single patients or surveys of small numbers. Throughout the book there is a disconcerting habit of attributing statistical significance to percentage values. The evidence is

poorly presented and does not carry such weight as the author would have us believe. For example, the frequency of number of women studies in a comparison of premenstrual symptoms and the symptoms of pre-eclampsia is quite inadequate for any significant conclusions to be achieved.

The author is at pains to explain that progesterone and progestogens are quite different chemical compounds and it is only the former which is beneficial in the treatment of symptoms during the 'premenstruum'. Whilst acknowledging that progesterone has a short duration of action of about four hours, it is nevertheless recorded that the optimum frequency of dose is once daily.

A chapter on the sociological significance of the premenstrual syndrome draws attention to several aspects. It is possible to accept that young women who take examinations during the premenstruum or paramenstruum do less well than could be expected of them and that the incidence of crime is raised during these times.

The author recommends that in more serious cases, such as the risk of suicide, baby battering, and alcoholism, the problem should be countered by intramuscular injection of progesterone. The fantasy is constructed of the district nurse, fortified by her syringe full of progesterone, administering it as soon as the premenstrual woman reaches for the Vodka bottle.

Several methods of administration are recommended, including suppositories, pessaries, intramuscular injection, and implantation. Little mention, however, is made of the relative rarity of suitable preparations and of the substantial cost of such preparations, particularly if they are to be used over a number of years on a regular basis.

References are scanty and the two references for Chapter 5 are both incorrectly printed. Throughout the book the author emphasizes the importance of keeping regular menstrual charts and relating symptomatology in terms of time to menstruation; there might have been some virtue in this if the author could have given good supportive evidence to show that keeping such records does not generate both symptoms and a coincidence with menstruation.

Katharina Dalton is forceful in her claims for the value of progesterone as a therapeutic agent but in this book she has not produced nearly enough evidence to support her view, and this is the more tragic because it represents almost 25 years of research work in this one aspect of gynaecology.

GARETH LLOYD