

practitioner which shows the writer as an understanding and sympathetic friend of the people with whom he worked. The seamy side of life is not unduly stressed and the Gorbals shows up as no worse than any other place where slum conditions prevail. We read little of the razor-slashing and gang warfare which at times undoubtedly occurred. These things hit the headlines and people reading the newspapers do not understand the depth of humanity and neighbourliness which exists where large numbers of people live close together with few of the luxuries of life. Dr Robertson deplors the effect of the new large units of flats which are replacing the Gorbals and remarks on the loss of neighbourliness which has occurred. This is a warning for planners in the future. Let us hope that the new architecture has not already gone too far. Where it has, more care should be taken, as Dr Robertson says, to provide proper halls of recreation, playgrounds, sports centres and so forth.

**The child, his "illness", and the others.** MAUD MANNONI. London. Tavistock Publications Limited. 1970. Pp. 286 x. Price 63s. 0d.

The psychoanalysts I know are amiable and kindly people. I play golf with them, drink with them, and engage them in conversation at a normal intelligent level. What terrible devil is it that possesses them when they get a pen in their hands? The author of this book is obviously an intelligent and friendly woman, and probably one whom it would be a pleasure to sit next to at dinner. For all I know, she is also an affectionate mother, a loving wife, and a good cook, and probably has no difficulty in making herself understood in the market-place. How, then, can she bring herself to write sentences like the following?

"He gave weight to the forgotten word, to what remained unsaid, he advanced relentlessly upon the themes that were important both for mother and for child; but, he leaves the clinic when he works out his theories, which never appear to be the natural extension of the text we have been reading". This, of a boy of three.

"Since each demand of the mother has a double in her desire to the contrary, the only choice left to the child is submission to the mother's wish that he not be born to desire".

"It was by making apparent in words what remained unrecognized in the mother's desire (namely, to know the desire of the other) that the dimension of a subject who speaks in the collective adventure was introduced in the child; *i.e.*, of someone governed by the law of language where the word breaks an effect of non-meaning. The subject, through the mediation of the word of the Other, may succeed in introducing the imaginary dimension, of which he has been deprived".

Is it that one has to be possessed by the same

daemon to know the steps of this esoteric *Danse Macabre*? If so, I am prepared to be for ever a wallflower. I hope that it is not sinful pride that makes me certain that no ordinary doctor, be he never so literate, will learn any more from this book than I can. I did manage to gather that the child's neurosis must be viewed in the light of the interplay between his own internal dialogue, and that between him and his family and surroundings; and that the Word, spoken or unspoken, is the basic factor in his illness. The author lost me soon after that.

The book is adequately translated into American from the French, but the title will give many people an uneasy sense of *déjà-vu*.

#### New editions

**Current medical treatment.** Third edition. Edited by C. N. H. HAVARD, M.A., D.M., F.R.C.P. London. Staples Press. 1970. Pp. xviii+822. Price £4 5s. (£4.25).

This textbook of medical treatment has now reached its third edition in five years. This is surely an effective answer to Dr Havard's statement in his preface to the first edition "... to keep abreast of current advances has become a major challenge." However it is still possible to be caught out as is well illustrated in the section on oral contraception. No mention is made of the recently recommended changes in dosage by the committee on the safety of drugs, and several of the listed preparations are no longer available.

This third edition retains the same style and layout as previously. Each chapter covers a separate subject and is written by a recognized expert, the finished book is collected together under the editorship of Dr Havard who is also a topic contributor. This system falls in line with the modern approach to the authorship of many medical textbooks—reflecting the broadening of medical knowledge, and the increasing specialization that is following in its wake. Two entirely new chapters have been added, 'bleeding diseases and thrombosis' and 'diseases of children'. Three of the original chapters have new authors, Dr J. E. Lennard-Jones on gastro-intestinal diseases, Dr Gerald Stern on nervous diseases, and Dr M. Graves on diseases of the skin. The remaining chapters have all been completely revised and several have been re-written.

The aim of the authors at the outset was to write a textbook of medical treatment intended primarily for the student and practitioner, to be of use also to the house officer and postgraduate. The scope of the book is therefore wide, with such a basis it must be, and so, to keep the book within a reasonable size, in places it is liable to be brief. A criticism of the book is that in places the balance is wrong. Is it really correct to devote 56 pages to diseases of the endocrine glands and then only 13 pages to diseases of children? On the other

hand it is very welcome to see chapters on such general subjects as drug induced diseases, anti-microbial therapy and corticosteroid therapy. At the end of the book, listed chapter by chapter is a brief list of selected references, these are mainly papers selected from journals. Equally

useful would have been a selected list of specialized textbooks for more detailed reference.

This will be a useful book for students and young doctors. It is nicely produced and very clearly set out making it easy to read. The price at £4 5s. is very reasonable and good value.

## THERAPEUTIC TRIAL

### *Double-blind trial of a combination of chlordiazepoxide, ephedrine and theophylline (brontrium)\* in bronchospasm*

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CHLORDIAZEPOXIDE (LIBRIUM) IS KNOWN TO possess strong muscle relaxant and anti-spasmodic effects. Combined with ephedrine and theophylline, it has proved to be effective in the treatment of attacks of asthma (Thomas 1962, Friedman 1963, Bloom and Markow 1963). Kovács and Görög (1968) showed that chlordiazepoxide possessed significant antihistamine effects, it having inhibited bronchospasm induced in the rabbit *in vivo* by histamine, serotonin, acetylcholine and bradykinin. This inhibition was partly due to a direct action on the bronchial musculature, partly to an adrenergic  $\beta$ -receptor stimulating effect. Both *in vivo* and *in vitro* chlordiazepoxide inhibited albumin induced anaphylactic bronchospasm.

In this trial the two compounds listed below were compared with a placebo in a double-blind fashion:

<i>Chlordiazepoxide compound</i>	<i>Amylobarbitone compound</i>
Ephedrine HCl .. .. 24 mg.	Ephedrine .. .. 25 mg.
Theophylline .. .. 130 mg.	Theophylline .. .. 130 mg.
Chlordiazepoxide .. .. 10 mg.	Amylobarbitone .. .. 25 mg.

The amylobarbitone compound is similar to one in common use in the treatment of bronchospasm and therefore it was considered that it would be a suitable reference compound for comparison against a compound of chlordiazepoxide, theophylline and ephedrine (brontrium) which is under investigation at the moment.

#### *Method and results*

The trial was planned so that the participants took in turn a placebo and then either the chlordiazepoxide compound or the amylobarbitone compound for a period of one week then crossing over to the other compound for another week. It was conducted in a practice consisting of 2,800 patients living in a city centre. Twenty-six patients exhibiting bronchospasm were selected by reference to records of surgery attendance during the previous 12 months. As the protocol of the trial involved regular attendance, the capability of performing a satisfactory peak flow manoeuvre, satisfactory inhalation of isoprenaline and answering 12 questions with four subsections on each attendance, a small number of patients who would otherwise have been suitable for inclusion were excluded from the trial. This was carried out during summer months in an attempt to make assessment during a period when intercurrent infections would be least likely to interfere with the results of medication but before such time as most patients might be

\*Roche Products Limited.