

## Book reviews

### **Pain relief in labour—A handbook for midwives.**

DONALD D. MOIR, M.D., F.F.A.R.C.S., D.A.,  
D.obst.R.C.O.G. Glasgow. Churchill Living-  
stone. 1971. Pp. 140. Price £1.00.

The author of this text is very modest in offering it as a handbook for midwives only; it provides a comprehensive review of its subject and should prove valuable to many doctors both in and out of hospital. In his introduction he sketches the changing practice for midwives from the advent of Minnitt's gas and air analgesia up to the recent and more potent gas-oxygen administered with the Entonox apparatus. Incidentally Dr Minnitt was a general practitioner and only part-time anaesthetist.

The second chapter illustrates the author's sound philosophical approach. He stresses that women may still be terrified of labour and the pain. Familiarity breeds contempt, even of pain (as long as it is being suffered by another) and all of us in medicine should examine our conscience on this score from time to time. He emphasizes that her attendants should do nothing to destroy the patient's faith in her chosen regim; that painless labour should never be promised; that the pharmacological and psychological approach to pain relief should be complementary; and that the risk of maternal mortality is increased because high-risk anaesthetics are often delegated to junior doctors.

The next chapter displays a healthy rejection of rigid attitudes and rules; the presence of her husband at labour and his contribution to his wife's peace of mind is encouraged. The confidence engendered by familiar surroundings and known attendants is underlined where the author comments on the relatively easy and painless labours characteristic of many home confinements and also in those which occur in general-practitioner maternity units, although we are reminded that these are the situations in which the more normal labours should take place.

There is a wealth of practical detail in the chapters which follow; details of drugs, their dosages; techniques of administration; and the hazards of drug interaction. The notes on equipment are valuable; simple and highly practical, especially in the case of apparatus for inhalation. Some of the new guarded needles which are used for pudendal and para-cervical block are illustrated. Doctors who are frequently obliged to work without the assistance of an anaesthetist will find much profit in this section.

On one point the author's confident assertion might be challenged. This is in his section headed

'Amnesia' in which he rejects the idea that "the suffering of pain is of small importance, provided that the patient retains no conscious memory of her suffering". The greatest risk from painful labour is that it will have an adverse effect on the woman's attitude to future childbearing and to her marriage. If there is no memory of pain this risk is obviated, and there does seem to be a real distinction here between amnesia and suppression of a disagreeable memory. There is some safeguard for the patient in methods of analgesia which do not suppress all sensation and reaction. The operator will proceed with greater caution than in the case of the anaesthetized fully relaxed patient.

Without hesitation this book is recommended to every general-practitioner obstetrician.

**Mental illness in childhood.** V. L. KAHAN. London.  
Tavistock Publications. 1971. Pp. xix+219.  
Price £3.

**Mental health of adolescents and young persons.**  
(Public Health Papers No. 41). A. R. MAY,  
M.B., F.R.C.P., D.P.M.; JACK H. KAHN, M.D.,  
D.P.M.; BÖRGE CRONHOLM, M.D. Geneva.  
World Health Organization. 1971. Pp. 72.  
Price \$19.5.

The care and treatment of children suffering from emotional disturbance or mental illness is not a field of medicine in which enthusiasm can be fanned by great leaps forward, or the heart uplifted by dramatic cures. Progress is slow and minuscule, and the great triumphs are when after long months of care and treatment a child may perhaps echo one word, or cease to urinate quite so frequently on the floor, or perhaps move from his long-accustomed place on the mantelpiece to the centre of the room. Most of us would find this sphere of practice to be hard and unrewarding. Not so Dr Kahan and his staff.

In this book are recorded the methods, and some of the results, achieved in six years at West Stowell House. Here grossly disturbed or damaged children are admitted—not to a hospital—but to small family groups under the care of house-parents who provide a home atmosphere for the child while educational and therapeutic processes are carried on. Child-centred intensive care is the keynote, and each child is accepted at the emotional level at which he is operating, so that he may re-start that development from the age at which it was arrested. The chronological age of the child is forgotten. If a boy of six

has regressed to, or been arrested at, the age of two, then he is placed in the *milieu* of that age and encouraged by skilled therapy to proceed from there. It is explicit in the theory that all accept him at that age. This the author calls regressed natural care, and is the first and basic tenet of his method of treatment. Play-therapy and psychotherapy are also used, and primary schooling is introduced where possible.

Seventy-one patients have been treated at West Stowell House, and detailed case notes of 16 of these children are recorded. The results achieved, though necessarily undramatic, have been encouraging. Notably it has been found possible to do away with many of the drugs these patients had formerly been taking, and in some cases children have progressed sufficiently to attend the local school.

This is a fascinating book to read, and one is struck by the skill, patience and dedication which is shown in this house. Although to be read, perhaps, as only an interim report, there is enough glimmer of light here to arouse interest for the future.

There is one small criticism. If I were good enough to be one of Dr Kahan's skilled and patient workers, I think I would take it hard to be referred to as 'a regressed nurtural care therapist'. I think I would insist on a hyphen somewhere—or preferably a different name altogether. Such a title must surely put one much on the defensive with the literal minded.

It is one of the many paradoxes of this lamentable century that we have to be much more concerned with the mental state of millions of normal young people than with the plight of that pitiful handful of mental cripples of whom Dr Kahan writes so well. **Mental health of adolescents and young persons** treats of the generation gap, the youth crisis, the drug-scene, or whatever well polished cliché one is in the habit of using.

The authors report a technical conference on this problem held in Stockholm under the aegis of WHO. With the experience of world experts and their statistics at their disposal, they have written an admirable and common-sense account of the present world position. Steering a middle course between the dammit-they-should-be-flogged school and the don't-be-beastly-to-the-little-dears-it's-all-our-fault faction, they present facts, facts, facts. And the inference from these facts seems to be inescapable; that what many of us tend to consider as the bloody-mindedness of youth is inherent in the rapid change we are making to a sophisticated technological welfare society—in which we have accelerated their physical and intellectual maturation, and done nothing whatever about their social maturation. The reaction was predictable and we should not be surprised. We have educated the young out of settling for the sort of society we of the older generation settled for—and some aspects of it are pretty squalid—and we offer nothing in its place. They

seek their own solutions, but they seek with inadequate equipment.

'The older generation created the jet and electronic age, but grew up in a world that knew nothing of inventions that have transformed the nature of human activities and perceptions. The young have been born into the new age; it is their birthright, and it is the old who are strangers in it.'

Perhaps we had better start trying to harness some of this potential energy of protest, instead of meeting aggression with counter aggression, and apparently destructive protest with irritable anxiety.

Not only should every general practitioner read this beautifully objective little book—two hours of his time should do it—but also every adult over thirty. Some of the clichés might then disappear.

**Modern trends in rheumatology—2.** A. G. S. HILL, M.C., F.R.C.P. (Ed.), M.R.C.P., London: Butterworths. 1971. Pp. 376. Price £6.

In this book are gathered authoritative reviews (most of them with extensive bibliographies) of some developments in rheumatology. The continuing enigma of rheumatoid disease is reflected by the fact that more than half of the 20 chapters are devoted to various aspects of that condition. Of particular interest are the balanced accounts of immunosuppressive therapy (based on the hypothesis, as yet unproven, that a disordered immune response is the important *cause* of the disease), and of the possible rôle of infection, another hypothesis as yet remaining so tantalizingly just beyond the range of convincing proof.

The general reader may find the three chapters on bio-mechanical aspects of joints and prostheses an interesting expression of a multi-disciplinary approach to complex problems, such as the feasibility of artificial lubricants, the arthrograph and joint stiffness, and the design of braces.

While a book of this nature is not intended to cover all aspects of a complex subject, this volume ranges remarkably widely. The cerebro-hypothalamic—pituitary—adrenal axis, haemochromatosis, purine metabolism, and the principles governing remedial surgery of the extremities are all dealt with in considerable detail. The clinician, too, will find his attention drawn to entities of which, perhaps, he had been only dimly aware—the 'daylight sign' of the foot in early rheumatoid disease, or ankylosing vertebral hyperostosis.

Those to whom this book is likely to be of most benefit, apart from specialists in related fields (surgery, radiology, metabolic diseases, biophysics), will be the young specialists-in-training. The general practitioner is unlikely to gain much of relevance to his work from it, unless he happens to have a special interest in rheumatic diseases—and especially rheumatoid arthritis.