up because of the cardiotoxic effect of the diphtheria toxin. The following year, I encountered another patient who was breathing with some difficulty and was subsequently diagnosed as having laryngeal diphtheria.

Diphtheria immunization was being widely introduced at that time and I well recall seeing propaganda posters on the hoardings when I visited Hereford in 1942.

The following year my sister found that when she drank tea it returned through her nose. In fact she had a diphtheritic paralysis of the soft palate. There had been an epidemic in South Wales, where she had been staying, and her sore throat had been misdiagnosed. A few weeks later, she had difficulty in standing and walking and complained of a feeling of numbness in the arms and legs. Gradually a severe paralysis of all four limbs occurred, which only slowly resolved after several months of bed rest.

In 1945 diphtheria was prevalent in West Europe and a few patients with sore throats among the POWs I was attending proved to have this disease. After the liberation of Singapore, we heard tales of cutaneous diphtheria, which seems to have been prevalent there as an infection of abrasions.

Because of these experiences, when I was first in practice I regarded every sore throat with grave suspicion, but gradually my fears abated and in 30 years of general practice I have not met a single case, though patients sometimes tell me about their experiences. One patient told me that she and several members of her family had become seriously ill and two of her children had died—all in the course of one week.

This short account, beginning 58 years ago, seems to tell the whole story: the sore throat, the bull neck, the cardiac failure, the palatal paralysis, the peripheral neuritis, the cutaneous and laryngeal varieties, the tracheotomies, the swabs, the carrier state, the antitoxin, the immunization—and thankfully our present delivery from the threat and anxiety caused by diphtheria.

N. B. EASTWOOD

71 Victoria Road
Oulton Broad
Lowestoft
Suffolk.

BOOK REVIEWS

HELPING MENTALLY HANDICAPPED SCHOOL LEAVERS

National Development Group for the Mentally Handicapped

Department of Health and Social Security, London (1977)

10 pages. No charge

The extent to which a society is aware of and willing to make provision for its most vulnerable members is one index of its degree of civilization. Among the handicapped, the mentally handicapped present many of the biggest problems, both in terms of their own unhappiness and the impact their disability makes on their family, friends and institution.

The principle of co-ordinating services to help the mentally handicapped is therefore to be welcomed, and the existence of a National Development Group for the Mentally Handicapped, who are available to give advice, from Alexander Fleming House, Elephant and Castle, London SE1 6BY, deserves to be more widely known.

The recent pamphlet, however, published in May 1977, on *Helping Mentally Handicapped School Leavers* is in many ways limited and disappointing.

It starts from an important base in noting that the 16 to 20-year-old age range has a high rate of hospital admission, and it identifies that "the family may experience a significant worsening of their standard of living since one parent may have to leave employment in order to look after the mentally handicapped individual; this situation may produce severe stress". It totally ignores general practice and ends without once mentioning the general practitioner who will be clinically in charge of the patient in the home and will almost invariably be involved with the emotional stresses on the other members of the family.

In identifying a list of the professions who should be involved in the assessment procedure (paragraph 11), the general practitioner is omitted whereas health visitors get a mention in passing in paragraph 12.

The emphasis made on the need for a written plan and the involvement of the parents is to be welcomed, but unfortunately there is no mention of the need to send this plan to the primary health care team.

The National Development Group ought to be strengthened immediately by the inclusion of a general practitioner with an interest in handicap, and some community thinking ought to be inserted into its work before it progresses any further.

D. J. PEREIRA GRAY

PERIPHERAL NERVE BLOCK

F. L. Jenkner

Springer-Verlag, Vienna (1977)

116 pages. Price £6

Relief of pain is an aspect of medicine in which all medical practitioners have an interest. Professor Jenkner, who is Head of the Pain Clinic at the Out-patient Institution in Vienna, has produced a monograph on the indications for peripheral nerve block, describing both pharmacological methods using local anaesthesia and electrical methods using transdermal stimulation. Originally written in German, the second edition has been translated into English.

An introductory section summarizes the mode of action of local anaesthetics, tabulates the various agents that may be used, and describes the complications that may ensue. This section includes a comprehensive survey of the sites of pain projection with details of both segmental and sympathetic innervation and diagrams of the limb dermatomes.

The main section describes in detail the introduction of nerve blocks ranging from the moderately easy, for example the ulnar and pudendal nerves, to the more difficult ones, such as the coeliac ganglion. The indications and techniques are clearly described and illustrated by extremely good sketches.

As the author states, difficult cases should be handled by anaesthetists but doctors in other disciplines may well find in this book individual blocks which they would be competent to carry out. It is unlikely that many British general practitioners will wish to buy the monograph, as the majority of the applications are not in their usual range of work. However, a doctor who, for example, is involved in caring for a large number of patients with terminal malignant disease may wish to learn how to carry out several of the nerve blocks so clearly described, thereby adding to his therapeutic armamentarium.