

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.

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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.

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