

# Medicine and Books

We regret that some reviews have been drastically shortened to fit in with the limited space available.

## Brief, attractive, and superficial

*A Short Textbook of Clinical Oncology.* R D Rubens and R K Knight. (Pp 182; £6 boards, £2.95 paperback.) Hodder and Stoughton. 1980.

A series of short chapters concerned with general principles provide the introduction to chapters dealing with tumours of each of the main anatomical sites, tissues, and organs. The final section of the book covers malignant effusions, metabolic disorders, infections, and supportive care. Illustrations are scanty and, in keeping with the character of the book, references limited to six items for further reading.

Being in total sympathy with the aims of the authors, I looked particularly for reference to those many exciting developments that whet the student's appetite and encourage him to read on. While controversial issues are duly recognised, however, the text is essentially confined to a didactic presentation of an outline of the facts. At times this leads to a distortion of current understanding but this is inevitable in a small volume encompassing so large a subject. It is indeed remarkable how much information the authors have managed to include.

As understanding the biology of cancer lends more relevance to its investigation and treatment I felt that a great deal more emphasis should have been given to expounding current understanding of the cancer cell, and particularly to the features of metastases. This would highlight the considerable limitations of high-technology investigation and the problems of defining a logical exploitation of available treatments.

Overall, this book presents an essentially accurate, if superficial, outline of the current management of malignancies. It deals with the disease, rather than the consequences of treatment, or the effect of either on the patient or his family. Its brevity will make it an attractive reference work for the undergraduate.

J M A WHITEHOUSE  
(Professor of medical oncology at the University of Southampton)

## Children with fits

*Postgraduate Paediatrics Series.* "Epilepsies of Childhood." Niall V O'Donohoe. (Pp 318; £16.) Butterworths. 1979.

During a preclinical pathology practical class one of our demonstrators fell to the ground with an epileptic fit. The conversation suddenly changed from impending mass unemployment to speculation whether our teacher was about to die. One of the more resourceful members of our group ran to get a proper doctor from another part of the building, while most of us stood around gawping and a few sheepishly returned to their benches with qualms whether they were cut out for medicine. The fear induced in medical students seeing a fit for the first time must be a mere fraction of the effect on a parent when the patient is his child. In his new book, *Epilepsies of Childhood*, Dr O'Donohoe shows that he understands the worries of doctors and parents by devoting a quarter of his book to emotional and psychiatric aspects, learning problems, and prognosis. He explains that it is difficult for parents to accept the diagnosis of epilepsy with its associated hazards and the adverse attitudes of society. Guidance is given on how to discuss the diagnosis with the parents and the child.

The practical experience of the author is shown throughout the book, but particularly in his chapter on investigating epilepsy. He emphasises that the investigations should be kept to the minimum compatible with making a firm diagnosis, because a full diagnostic onslaught in hospital may bewilder and frighten a small patient without improving his care. Dr O'Donohoe's ability as a neurologist is shown by his insistence that the diagnosis of a fit depends on a good clinical history; his experience as a paediatrician is confirmed when he mentions chocolate drops as the only form of sedation needed in his EEG department. If all paediatricians heeded his advice that repeated EEG examinations are rarely helpful in management, miles of EEG paper could be saved. The metabolism of anticonvulsant drugs is explained in simple terms, and practical ways of using drugs are discussed in detail.

Throughout the text there is a liberal sprinkling of references, but they are not so numerous as to obscure the flow of words. Where an original author has expressed a concept succinctly, Dr O'Donohoe has quoted whole paragraphs verbatim, thereby introducing incisiveness in place of long descriptions that might have been tedious. The extensive clinical experience of the author and his critical approach to published work should make this book the first choice of all who look after children with fits.

H B VALMAN  
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## An art rather than a science

*Current Topics in Anaesthesia.* No 2. "The Control of Chronic Pain." Sampson Lipton. (Pp 134; £7.95.) Edward Arnold. 1979.

Every doctor feels compassion for a patient in pain and will try to alleviate it. If he fails, as he sometimes does, eventually the specialist may feel disheartened and quit; but the general practitioner is left with the problem, and the patient still has pain. The pain is often coupled with depression, which may start because treatment has failed, and cause and effect become intertwined. These patients may then roam the hinterland between neurologists and psychiatrists who medicate the pain, surgeons who "cut it out," anaesthetists who "block it," and physiotherapists and acupuncturists who "slap and prickle it."

Such a variety of interests has led in a few teaching centres to the development of multidisciplinary research teams from which important ideas and treatments have evolved. These are too expensive, however, to be generally available and there is little doubt that there are numerically small but important groups of people still suffering when treatment could be available. Several patients with cancer, for instance, have pain which could be successfully alleviated by well-managed systemic treatment, or a regional distribution of pain which could be blocked by chemical neurolysis or cordotomy. Even so, chronic non-cancer pain is far more difficult and dangerous to treat, and the results are noticeably less successful. Some advances have, however been made; those who refer patients to hospitals, and those who receive them should know what is available now and what may soon become feasible. Dr Sampson Lipton, a pioneer anaesthetist in this specialty, has produced in his concise book an authoritative review of the current methods available for controlling chronic pain.

There are 14 chapters, of which the initial seven are concerned with neurophysiology and the theory and measurement of pain.

The rest of the book describes the different treatments available. Special attention is paid to the management of migraine and trigeminal neuralgia. Rheumatic conditions, with the exception of backache, are discussed briefly (perhaps because less can be done). Sound advice is offered on managing chronic non-malignant pain, and the difficulties are faced. The uses of transcutaneous and dorsal column stimulation, acupuncture, percutaneous cordotomy, and pituitary injection of alcohol are explained.

The book is a brief but fair description of the state of what is still an art, for relief of chronic pain could hardly be described as a science at present. It is difficult to measure pain and its relief, but one might hope that there was more objective evaluation of the effectiveness of the various treatments. Unfortunately, there is plenty of room for the charlatan. This little book is too brief for the expert, but will prove valuable to those who want to do something more for their patients with chronic pain.

MICHAEL ROSEN

(Consultant anaesthetist at the University Hospital of Wales, Cardiff)

## A place in the country

*Frimley: the Biography of a Sanatorium.* J R Bignall. (Pp 181; obtainable from the Administrator, Brompton Hospital, Frimley, Camberley, Surrey GU16 5QE. £3.75 including postage and packing.) The Board of Governors, National Heart and Chest Hospitals. 1979.

It may be difficult now to appreciate the magnitude of the epidemic of tuberculosis, which reached a peak in Napoleonic times. At the beginning of this century it was still killing more than one in every thousand of the population each year, many of whom lingered and died at home because they had nowhere else to go. A few general and fever hospitals grudgingly provided tuberculosis wards, mainly for those with advanced disease, but little was done for the less seriously ill.

Nearly all tuberculosis sanatoria came and went in the space of about 50 years. What did they achieve? Many were founded at a time when there was no specific treatment; they offered fresh air and graduated exercises under supervision as the best means of achieving quiescence of active disease. Marcus Paterson, the first medical director of Frimley, was obsessed with exercise. His patients proceeded from gentle strolls to quite heavy labouring. In time, they maintained over three acres of vegetables and a pig farm, and built a chapel and a large reservoir; they even tried to raise grouse. Unhappily, in the mid-1920s, follow-up reports from three leading sanatoria—namely Frimley, Midhurst, and the Trudeau Sanatorium in upstate New York—agreed that half their patients were dead within five years of discharge. This raised doubts about the future of sanatoria, although their value as a way of providing hospital beds at low cost and of removing sources of infection from the community was recognised. In the event, they were allowed to continue with their staffs, who by then were trained in the medical and social aspects of tuberculosis and were well suited to manage the artificial pneumothoraces and thoracoplasties which soon followed. The statistical report of 1934 at Frimley showed little improvement in the five-year figures, but the prognosis slowly improved with adequate collapse therapy and, by 1945, about 80% of those so treated survived for at least five years. These data, referring to patients considered to have a reasonable chance of survival when they were sent to sanatoria, by no means represent tuberculosis as a whole, which was often not diagnosed until an advanced state of the disease had been reached. The discovery of streptomycin, *para*-aminosalicylic acid, and isoniazid in the years 1945 to 1952 transformed the management of tuberculosis. By 1958 the sanatorium beds were no longer needed and Frimley became a convalescent hospital for patients with pulmonary and cardiac diseases.

Dr Bignall, who has worked at Frimley for many years, gives

an eminently readable account of one of our best sanatoria. It should be enjoyed alike by doctors, nurses, and social workers, and indeed by anybody with a taste for recent medical history.

NEVILLE C OSWALD

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## Essays of current interest

*Recent Advances in Orthopaedics.* No 3. Ed B McKibbin. (Pp 237; £13.) Churchill Livingstone. 1979.

Professor McKibbin has cast his net widely and recruited contributions from continental Europe and North America as well as more locally. Griffiths summarises the findings of the Medical Research Council's massive trials on the treatment of spinal tuberculosis since the advent of chemotherapy. He concludes that in uncomplicated disease little except drug treatment is important. A sober report from the Mayo Clinic examines the status of adjuvant treatment in osteosarcoma. In the past decade their results from surgical treatment alone have noticeably improved. In testing the new drugs the need for concomitant controls is emphasised. So far, analysis of the results from treatment with cytotoxic drugs and with transfer factor indicates that the gains from these often distressing techniques are modest. Lowe examines the role of anticoagulants in hip surgery and offers an insight into why this subject is still so controversial in spite of much laborious research. He emphasises, for example, the great range of individual response to a given dose of heparin and the difficulties of controlling this treatment.

A group from Paris report their experience with the early operative stabilisation of spinal injuries offering us less a critical review than arguments in favour of the technically attractive methods they have found helpful. There is much here that will be novel to English readers and some, such as the use of the Bohler jacket for severe crush fractures, that will, in contrast, seem old fashioned. Macnab from Toronto, in a characteristically confident and resourceful manner, outlines his work and views on the difficult subject of rotator cuff tendonitis. Methods are described, but no results. From Kanis at Oxford comes a very learned and critical account of present views on calcium metabolism and of their practical application in the drug treatment of Paget's disease, osteomalacia, and osteoporosis. Each step forwards appears to pose as many questions as it answers and open up new possibilities for research. There is an extensive bibliography.

In Hamburg, Bucholz has operated on over 700 infected hip replacements, surely a unique experience. He relates his remarkably encouraging results after surgical toilet and reinsertion of a prosthesis using antibiotic-loaded acrylic cement. Some 70% have been good, although the long-term results are still awaited. There is a short review from Sweden on internal fixation of fractures. The authors conclude that the techniques are here to stay. From Wales, Matthews presents a thoughtful and realistic appraisal of the problems of flexor tendon repair, while Richards describes his well-known work on the practical aspects. It is a delight to read how, even now, an observant surgeon may advance his subject by quite simple radiological and histological methods. And finally, from Belfast, Wilson sends a matter-of-fact account of the horrors that could face any of us if tolerance and good will in society break down. There are appalling photographs of the results of the new barbarism and a practical guide—based on hard experience—to the organisation needed to deal with major disasters.

In all, this volume—like its predecessors—offers a solid, satisfying, and properly mixed diet. I strongly recommend it to all who hunger for well-presented information on orthopaedic subjects of current interest.

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