

## BOOK REVIEWS : BOEKBESPREKINGS

### PHYSIOTHERAPY OF VARICOSE ULCERS

*The Physical Treatment of Varicose Ulcers.* A practical manual for the physiotherapist and nurse. By R. Rowden Foote, F.I.C.S., M.R.C.S., L.R.C.P., D.R.C.O.G. With a section on *Electrical Adjuncts to Treatment* by Miss T. Wareham, M.C.S.P. Pp. xii+126. 88 illustrations. 15s. net + 1s. 1d. postage abroad. Edinburgh and London: E. & S. Livingstone Ltd. 1958.

This booklet is an attempt to provide British and other physiotherapists and nurses with a handy guide in their work in connection with the non-surgical treatment of varicose and post-phlebotic ulcers of the lower third of the leg. This is a world-wide problem, causing not only much suffering but also, and more important even, much loss of man-power and great expense to the individuals concerned and to the state.

Whatever may be said to the contrary, it is very evident that the superficial type of ulcer is, in the last instance, due to incompetent communicating veins, which in turn are the result of too much *standing* and *too little exercise* of the muscles of the legs. All this is the result almost exclusively of our civilized way of living. The correctness of this view is supported by the type of treatment advocated by the author himself: Elevation, *strapping* and *massage*, supplemented by appropriate *exercises*.

The book is packed with useful information for the physiotherapist and nurse alike, and this is supplemented by many useful illustrations both of the two types of ulcer referred to and of the methods of massaging and strapping. There is nothing which cannot be clearly understood and put into practice by any intelligent nurse who takes the trouble to read the book carefully. It should be useful to many workers in this country.

G.C.A.v.d.W.

### CUNNINGHAM'S ANATOMY

*Cunningham's Manual of Practical Anatomy.* 12th edition. Volume III. *Head and Neck: Brain.* Revised by James Couper Brash, M.C., M.A., M.D., D.Sc., LL.D., F.R.C.S.Ed., F.R.S.E. Pp. xii+520. 231 figures. 28s. net. London-New York-Toronto: Oxford University Press. 1958.

This volume follows the traditional pattern in being devoted to the dissection of the head, neck and brain. Nomenclature is based on the recommendations submitted to, and approved by, the Paris Congress of 1955. It is hoped that lasting agreement has been achieved in this respect so that the student will ultimately use the same terminology in the dissecting room and the wards. It is unfortunate that further modifications may be made in 1960.

There is little to disagree with in this excellent manual. I wonder if it is really necessary (p. 346) for the student to equip himself with 6 eyeballs of oxen in order to dissect this structure. In a properly preserved dissecting-room subject the eyeball can be admirably dissected after removal and distension with injected water. In view of the importance of arteriography in X-ray diagnosis, the labelling of vessels in such plates as Fig. 194 would be helpful.

The text, illustrations and production attain the high standards of clarity which we have come to expect in Cunningham. The book is warmly commended to students where anatomy dissection extends over 5 terms and would be most helpful to those preparing for the higher examinations.

P.G.L.

### ALLERGY OF THE EYE

*Ocular Allergy.* By Frederick H. Theodore, M.D. and Abraham Schlossman, M.D., with chapters by William B. Sherman, M.D. and Roberts S. Coles, M.D. Pp. xviii+420. 111 figures. 96s. London: Baillière, Tindall and Cox Ltd. 1958.

More and more ocular affections are today being attributed to allergies. In some, such as an atopic conjunctivitis, the relationship is direct; in others, such as in phlyctenular disease, it is not so easily recognized; whereas in others again, e.g. uveitis, only an 'allergic focus' can be invoked to explain the condition. All these aspects are fully discussed by the authors of this book and the clinical manifestations of ocular allergy described in a very easily readable text. The pitfalls in diagnosis and the conditions that can be confused are pointed out and the 13 tables are particularly helpful in summarizing the contents. In treatment the steroids have been extremely useful, but a warning is given that their indiscriminate use may be disastrous. Antihistamines have not generally been of much value and antihistamine ointments have produced so much sensitivity that the A.M.A. has disapproved their use. Every drug has at some time produced an allergic response, usually mild but occasionally fatal. The list of offending cosmetics is also a lengthy one. The subjects of vernal catarrh and conjunctival allergies are particularly detailed. This book can be recommended for study by every allergist and ophthalmologist. It is beautifully illustrated and the authors are to be congratulated in its production.

L.S.

### THE ACUTE ABDOMEN

*The Acute Abdomen.* 2nd edition. By William Requarth, M.D. Pp. 313. 89 figures. \$6.50. Chicago: Year Book Publishers, Inc. 1958.

This little monograph is a member of a series written for interns, surgical residents and practising doctors. Aetiology and treatment are considered, besides diagnosis. The approach to the subject is a novel one: an attempt to group conditions requiring immediate, delayed or non-operative treatment separately. There are also chapters on traumatic wounds of the abdomen, acute abdominal lesions in infants and differential diagnosis of acute gastro-oesophageal haemorrhage. Lists, preponderantly American, of references appear at the end of each chapter.

There is a profusion of roentgenograms, most of which are too small and could well be deleted to leave room for more detailed discussion of, say, appendicitis, electrolyte balance, or the restoration of body fluids. The discussion of some of the rarer conditions, e.g. volvulus of the caecum or spastic ileus, might also be deleted from this small monograph.

The chapter on intestinal obstruction is well written; almost nothing of importance seems to have been overlooked.

In acute appendicitis Rosving's sign is mentioned as a valuable help in diagnosis, and also Legat's sign for local hyperaesthesia and the so-called 'stage of illusion' in perforative appendicitis, when hyperaesthesia and pain suddenly disappear but the pulse rate rises.

The reviewer does not like the 'valuable diagnostic procedure' of peritoneal aspiration in 'all obscure cases of abdominal pain', by means of a 22-gauge spinal needle. In such cases it would seem safer and more practical to operate and see, than to aspirate and see.

The book is well printed and strongly bound. It reads easily and should be helpful to senior medical students interested in surgery.

G.C.A. v.d. W.

#### NON-TOXIC HYPERTENSION IN PREGNANCY

*A Symposium on Non-Toxaemic Hypertension in Pregnancy.*  
Edited by Norman F. Morris, M.D., M.B., B.S., M.R.C.O.G.  
and J. C. McClure Browne, B.Sc., M.B., B.S., F.R.C.S. (Edin.),  
F.R.C.O.G. Pp. xii+243. 78 illustrations. 35s. net. London:  
J. & A. Churchill Ltd. 1958.

For many years non-toxaemic hypertension in pregnancy has been a controversial subject to obstetricians and there has been a wide divergence of opinion between obstetricians and physicians. This book gives a detailed account of a symposium held on this subject at Hammersmith Hospital, where many eminent obstetricians and physicians gave their views. The book is well written and to the obstetrician who wishes to have a comprehensive account of most modern views on hypertension in pregnancy it is highly recommended.

It is stressed that there can be a marked difference in the systolic and diastolic blood-pressure readings according to the circumference of the arm. This is not often realized by the average obstetrician. Another factor brought out is the greater use of induction of labour, and it is emphatically stated that the last 2 weeks of pregnancy can be amputated without any deterioration in the condition of the baby. Although many obstetricians have lost faith in the hypotensive drugs, it is shown here that they can be of great value if used correctly.

Nevertheless, the obstetrician who is looking for a solution to all his problems on hypertension in pregnancy will be disappointed in this book. No definite plan for treatment or system of classification has been laid down. The question whether hypertension is a blood pressure over 120/70 or over 140/90 is not yet answered. No attempt has been made to decide on the definite point where you read the diastolic pressure, or whether the labile hypertension is of any importance. This, however, is one of the disadvantages of symposiums of such a nature, as no eminent authority wishes to compromise or set aside his views.

R.W.A.N.