Book Reviews

POLYMYOSITIS. By John N. WALTON, M.D., M.R.C.P., First Assistant in Neurology, King's College, University of Durham, in the Royal Victoria Infirmary, Newcastle upon Tyne; and Raymond D. ADAMS, M.D., Bullard Professor of Neuropathology, Harvard University. 8 $\frac{3}{4}$ × 6 in. Pp. x + 270, with 47 figures (6 in colour), 9 tables. Index. 1958. Edinburgh and London: E. & S. Livingstone Ltd. Price 32s. 6d.

Patients suffering from the various forms of myopathy seek the help of the general practitioner, general physician, orthopaedic surgeon, paediatrician, neurologist and others. A book about the myopathies has therefore a wide potential appeal. Muscular dystrophy is not the only form of myopathy and in recent years increasing attention has been directed towards myopathies due to polymyositis in its many forms. About them an enormous literature has accumulated under such descriptive terms as dermatomyositis, polymyositis, neuromyositis, myositis fibrosa, myositis ossificans, calcinosis, menopausal muscular dystrophy, myopathy of later life, myasthenic myopathy and carcinomatous myopathy. It has also come to be realised that polymyositis sometimes mimics muscular dystrophy very closely. Since polymyositis differs from muscular dystrophy by carrying a natural remission rate and being amenable to treatment, it is of first importance to make the distinction.

This book, based on personal experience of forty cases and an exhaustive study and criticism of the literature, clarifies the relationship between the many recorded forms of polymyositis. Besides describing the clinical features it also points the way to differential diagnosis from chronic disorder such as muscular dystrophy and myasthenia gravis and from acute conditions such as polyneuritis and acute idiopathic myoglobinuria. In the authors' view polymyositis is not a single disease entity but probably often a hypersensitivity or allergic response of the tissues involved, which relates it, etiologically, to other diseases of the "collagen" group. The natural history, histology, electro-diagnostic and biochemical findings in polymyositis are all discussed.

This is an important and interesting book by two well known neurologists from either side of the Atlantic.—Paul SANDIFER.

TETANIE. By Doz. Dr Hans JESSERER. Assistant der I. Medizinischen Universitätsklinik in Wien. 9 $\frac{1}{2}$ × 7 in. Pp. xii + 191, with 52 illustrations. Index. 1958. Stuttgart: Georg Thieme Verlag. Price DM 29.70.

With so much clinical literature nowadays consisting of graphs and tables manufactured from laboratory data there is something refreshingly old-fashioned about this well produced monograph. To observe and to classify rather than to quantitate has been the author's aim. His experience is based on a series of 680 cases of tetany seen in the course of the last twelve years and on a review of the clinical literature of the past century. After a detailed description of the clinical manifestations of tetany, the author provides a comprehensive classification of those conditions with which it may be associated.

There are two main subdivisions, the hypo- and the normo-calcaemic. It must be relatively rare for cases of hypocalcaemia to present in the form of tetany—in most instances the underlying clinical condition (for example, parathyroid insufficiency or defective absorption of calcium by the gut) will have been diagnosed already and the occurrence of tetany should serve only as a reproach to the clinician for the inadequacy of his treatment. The sections of the monograph covering this group of conditions could with advantage have been considerably shortened. Tetany associated with a normal serum calcium is a much more difficult diagnostic problem. In some instances the etiology is obvious—a metabolic or a respiratory alkalosis, or disease of the central nervous system. There are other cases in which the attacks are precipitated by some minor procedure such as a hypodermic injection or the passage of a Ryle's tube or by the exhibition of various drugs (adrenalin, morphia, caffeine and nicotine are amongst those listed). Most normo-calcaemic tetanies, however, are idiopathic and not symptomatic and their differentiation from epileptic or hysterical manifestations remains a difficult problem which merits the exhaustive discussion given in this book.—P. G. WALKER.