Treatment must initially be rest especially during the acute phase. Avoidance of caffeine, alcohol, aspirin and activities may well be of benefit and the use of anxiolytics, antidepressants and analgesics is important but should be considered only if absolutely necessary. Such a long illness produces conditioning and habit-forming. This restricted advice is often too minimal for most patients and the tendency is to self-refer elsewhere or self-medicate with exclusion diets, dietary supplements and allergy treatments — only anecdotal evidence is available as to their benefits.

Considering prevention, it seems prudent to avoid exercise during any active viral illness and the time to return to training to be 2-4 weeks following an infection associated with pyrexia and/or involvement of the lymphoid system. Energetic self-help groups have evolved with vast numbers of members, who contribute to the funding of research. Several well known sports personalities have succumbed to this disorder, whose careers have been devastated. David Provan a professional footballer with Glasgow Celtic FC gave a vivid account of his personal experience of the illness. When feeling unwell he would train harder, but this was the worst possible thing to have done, and even now can only walk a few hundred yards before becoming fatigued.

The somatic presentation and subsequent management of depression, anxiety, hysteria are not helped by a medical model as vague as "post-viral fatigue syndrome" when the initial psychological conflicts are left unresolved. The role of the general practitioner is therefore crucial in spotting change, particularly with his knowledge of the previous personality of the individual, but along with the coach and team manager must be wary of "Heightened medical awareness" and the creation of pseudo-epidemics.

The true post-viral fatigue syndrome patient suffers a long, isolated illness, deserving of maximum sympathy and support. The reason for their vulnerability and susceptibility to this disorder remains as yet unclear.

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TRAVELLING AND TOURING PROBLEMS

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The importance of infection by travellers has been recognised since before 1377 when ships arriving into ports of the

Venetian Republic were kept at a distance and travellers detained in isolation for 40 days (*quaranta giorni*) before they were allowed to proceed to their final destination — the origin of the concept of quarantine.

The Scot has an historical tradition of travel abroad and this prompted an enquiry into the health hazards experienced by Scottish Presbyterian missionaries who served abroad between 1867 and 1929. Overall of the 1416 missionaries studied, 20 per cent returned prematurely due to ill health, five per cent due to family ill health and 151 (11 per cent) died in service; 36 per cent of the deaths were caused by infection (18 per cent due to malaria). Later appointment (post-1900) was associated with fewer retirements due to ill health and greater longevity in missionaries. The effect of geographic location was marked by higher morbidity and mortality rates for those serving in tropical Africa; Calabar in West Africa had the highest rates.

The numbers of international travellers continue to rise annually, particularly so over the last 20 years, and included in this group are those participating in sporting events at both club and national level.

A facility has been developed at the Communicable Diseases (Scotland) Unit (CD(S)U) whereby the health of returning Scottish travellers can be monitored and specific enquiry carried out on groups identified as being "at risk" from a health hazard whilst abroad. Between 1793 and 1985, out of 14,227 study respondents, 37 per cent gave a history of illness while overseas. Alimentary symptoms predominated; 18 per cent had these alone and a further 10 per cent had other symptoms associated with their gastro-intestinal disorder. Higher attack rates were associated with package holidays, inexperience of travel, smoking, summer travel, travel further south and east, and younger age (particularly those aged 20-29 years — which age group includes the majority of athletes). During 1973 for example, four members of a Scottish ladies football team touring in Morocco developed paratyphoid fever.

Serological studies on 470 of the travellers showed that 20 per cent had incomplete immunity to poliomyelitis. Less than two per cent (of 760 tested) had antibodies to *Legionella pneumophila* and in 511 travellers seropositivity to hepatitis A ranged from 30 per cent (those aged 20 years) to 89 per cent (those aged 60 years).

Other international studies of illness in returning travellers, show that younger age groups (specifically those aged from 20-29 years) and those experiencing the greatest climatic and cultural contrast to their home country are most at risk, with attack rates of up to 40 per cent (Steffen et al, 1983; Peltola et al, 1983).

Analysis of laboratory reports on infections among travellers, in particular Salmonellosis, bacillary dysentery and campylobacter enteritis, collated at the CD(S)U show a five-fold increase in the annual total between 1975 and 1986 and an increase in the proportion of isolates of pathogens from holidaymakers (from 62 to 90 per cent of the total) during the same period. In addition admissions to the infectious diseases wards at Ruchill Hospital, Glasgow during 1985 show that 6 per cent of the 1,265 admissions were travel associated. Travel to the Indian subcontinent was associated with 60 per cent of the admissions, with the 20-29 year age group once more having the highest representation (25 per cent); malaria was the largest single diagnosis (37 per cent of the total).

The "at risk" profile that emerges suggests that the sportsman and sportswoman travelling abroad would be

well advised to follow the preventative medical advice provided by his professional organisation. It also defines the perspective for improved, pre-travel health education when viewed against the inadequacies of the current position (Reid et al, 1986) and the associated expense that travel related illnesses bring to the health service.

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BOOK REVIEW

Title: THE CRUCIAL LIGAMENTS
Author: J. Feagin Jr.
Publisher: Churchill Livingstone, Edinburgh
 Price: £95.00 571 pages Index Hard cover ISBN 0 443 08549 8

"The Crucial Ligaments" is one of the latest of the many books dealing with the common, important and difficult problems of injuries of the cruciate ligaments. It is pertinent that John Feagin should use the word *crucial* in his title, thus both reiterating the style of Hey-Groves and emphasising the importance of these structures. This is an excellent book with contributions by most of the world's recognised experts. The illustrations are clear and relevant. The message of the importance of early recognition of the detail of various patterns of injury is emphatic and the global concept of treatment and counselling at all stages in the natural history of injury is well covered.

For me, and I expect for many others, the highlight of the book was the presentation of 16 case studies which were well selected to test the various approaches and the treatment possibilities of most of the injury patterns that might occur. There are also very adequate separate sections on surgical treatment, rehabilitation and an overview of prosthetic ligaments. The price is high for individual purchase but the book should be a requirement of the orthopaedic library.

Michael L. Harding

BOOK REVIEW

Title: PHYSICAL THERAPY OF THE KNEE: CLINICS IN PHYSICAL THERAPY No. 19
Editor: Robert E. Manguine
Publisher: Churchill Livingstone, New York 1988
 Price: £24.00 250 pages Index Hard cover ISBN 0 443 08411 4

It is part of the expressed hope of the Editor in his Foreword that "the sequence of the chapters reflects the order in which the rehabilitation science of this joint has been developed. It is hoped that readers will follow this sequence to heighten their appreciation of the knee". I think the Editor and the associated authors have done a very good and interesting job. The book proves to be easy to read and, typical of so many books produced in America, it is because of its style and lay-out which follows that of the other 18 in this series.

The volume includes 10 chapters and index of its 250 pages. It starts with the setting of anatomical, biomechanical and pathomechanical principles using, in the main, the methodology of Karpandji. This should make it recognisable to the more recently qualified physiotherapists placing them on familiar ground and helping them in revision. The succeeding chapters 3-10 cover associated pathologies(!), evaluation process (assessment to British readers), foot pronation and knee pain, conservative versus post-surgical patellar rehabilitation, surgical overview of the patello-femoral joint, surgical overview and rehabilitation process for ligamentous repair, innovative approaches to surgery and rehabilitation, and isokinetic approach to the knee.

For the older amongst us there is nothing much that is new but there is the advantage of the material being in one place. I particularly liked the chapters on pathomechanics, evaluation (which reminded me of enjoyable lecture demonstrations by James Riddel, MCSP) and conservative versus post-surgical patellar rehabilitation. The text is ably supported by 7 X-rays (I do not think I will ever get used to radiologic or for that matter pathologic), 1 flow chart, 60 or so photographs, 58 diagrams and drawings, 18 bar charts and graphs together with 17 tables and checklists. The references are comprehensive and reads like a Who's Who of American orthopaedics and physical therapy. It was good to see Trickey, Cyriax, Smilie and Wykes get a mention. There is a spelling mistake in the anatomical and mechanical chapter Fig. 1-6, where 'cruciate' is spelt 'cauciate' twice. I thought it was the American for the ligaments. Throughout the emphasis is on "doing", that is rehabilitation following knee injury and surgery. The book should prove invaluable to physiotherapists and physiotherapy students. I would suggest that it will prove of interest to budding sports physicians and surgeons.

To go back to the Editors hope I'll answer "It does, I have, It will". A must for the Library. A physiotherapy companion to Smilie's Injuries of the Knee Joint and Diseases of the Knee Joint.

J. A. Fowler