
This is a slim, but too closely printed volume by 14 contributors, conveying the experience and opinions of the neuroscientists, the physicians, and the vascular surgeons of Sydney. Fifteen chapters present reviews on topics varying from the applied anatomy of the carotid and vertebral arteries, to the pathology of occlusive disease of these vessels and their mediastinal origins, to clinical and investigative findings, and treatment and rehabilitation. Ophthalmic and radiological aspects are covered separately.

The layout is, therefore, conventional, as are most of the methods and opinions of the Australian workers. The chapter by James Lance on the place of facial thermography in suspect carotid disease is interesting. But its inclusion is questionable in a volume whose main didactic theme seems to be that 4-vessel angiograms are essential in every case.

The suggestion that general anaesthesia for angiography should be avoided in these carotid/vertebral patients will come as a surprise to British workers, and strangely it precedes a chapter on anaesthesia for angiography and for vascular surgery. In a volume aimed surely at physicians, neurologists and geriatricians, the need for a chapter on anaesthesia is doubtful. The ophthalmic aspects of carotid disease are well covered, although optokinetic nystagmus is not produced by 'gaze out of a moving vehicle' but rather by looking at objects coming sequentially into the visual field. The most stimulating section covers the association of cervical spinal injury and damage to the great arteries and to the spinal cord in the neck.

After a commonsense and succinct chapter on the role of the anticoagulants, with a hint of further studies of their combined use with the antiplatelet drugs, the discussion on surgical therapy leads to a faintly alarming 'blanket' recommendation that 'in general all symptomatic patients with extracranial cerebrovascular occlusive disease without complete obstruction are suitable for reconstructive surgery'. The role of surgery is held to be prophylactic, mainly in the transient syndromes—that is, in a group of patients whose prognosis is probably better than many realise in any case—and surgery is 'offered' to those 'selected' for it. This is an already familiar tune, oft played in the United States, and still lacking conviction. The implication that the surgical approach lifts 'the shroud of hopelessness which for so long enveloped the victims of stroke' is exaggerated. Perhaps it need not have been made so forcefully in a work which satisfies the reader as a compact, workmanlike, and yet comprehensive review of the subject.

IAN D. MELVILLE


Appearing as it does nearly 30 years after the end of the relevant hostilities, anticipatory eagerness for its appearance by the medical participants in these hostilities must by now be blunted by time. It is the second volume on neuropsychiatry in the United States Army during the second world war. The first, which related to the Zone of the Interior, has already been published. This volume relates to overseas theatres of operation, in which Britain is included.

This book will be read by those with an interest in service neuropsychiatry. It will also have value to those concerned with providing services in disaster areas. This is a book to be noticed rather than
THE DIAGNOSIS AND TREATMENT OF CEREBRAL ARTERIAL DISEASE OF EXTRACRANIAL ORIGIN

Ian D. Melville

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