In 1980 Merton and Morton at the National Hospital used a single high voltage electric shock applied to the scalp over the motor strip to record the speed of transmission of impulses through central motor pathways. This has now been replaced by the magnetic stimulator which is relatively painless. A further six well written chapters on the physiological applications of magnetic stimulation and its use in the investigation of neurological disorders, to my mind these formed the most useful section of the book.

One curious feature of the book which is largely concerned with the physiology of the motor system is the interlarding of disparate chapters on subjects such as Lisuride intravenous infusions in the on-off effect, autoantibodies against Gaba synapses in the stiff person syndrome, a general clinical review of cranial movement disorders, the effect of L-Dopa on Segawa disease and the actions of TRH-T on upper motor neurone syndromes. Good as some of these chapters are, I feel it would have been wiser for the editors to exclude them and restrict the book purely to motor physiology. Similarly while I can understand the rationale behind including the section on neuro imaging with PET, better accounts of this are available in other recent Movement Disorder texts.

This book will find an enthusiastic if limited readership and will be remembered best for the early chapters on cortical stimulation with the magnet. The delay in publication and the relative dearth of data not published elsewhere are drawbacks which could have been avoided.

AJ LEES

The Practical Management of Spasticity in Children and Adults. By M B GLENN AND J WHYTE. (Pp 326; Price £25.57). Beckenham, Lea & Febiger (UK) Ltd. 1990. ISBN 0 8121 1297 0.

Rehabilitation of people with neurological disease is particularly challenging because of the complex interactions between multiple impairments and the resulting disabilities. To achieve the best outcome, the neurologist should work closely with colleagues from other medical and therapy specialties as part of a team, adopting an holistic approach with each patient at its centre.

On the face of it therefore, a book devoted exclusively to spasticity might appear inappropriate. Coexistent cognitive sensory and sphincter impairments cannot be ignored, even if it were possible to separate cerebellar and extrapyramidal disorders from the "upper motor neurone" syndrome. Furthermore, within the latter, negative features such as weakness have functional consequences often greater than the positive intrusion of spasticity. Nevertheless spasticity is extremely common and often conspicuous, hence it is tempting to treat it just because it is there.

The editors of this book have avoided these pitfalls, assembling a well-balanced team of authors including surgeons, therapists and physicians mainly from Boston. The idea for the book grew out of a teaching course of the same title, and the emphasis is on assessment and treatment approaches. There are separate introductory but comprehensive chapters on neurophysiology, neurophysiologic testing,

and objective measurement in spasticity, and an interesting discussion on the mechanisms of learning and relearning motor skills. Positioning, physical modalities, upper limb splinting, lower limb orthotics, anti-spasticity drugs, nerve blocks, neurosurgical approaches (including intrathecal drug infusion), and orthopaedic procedures each have a chapter. Two final chapters illustrate differences in management of multiple sclerosis and the after effect of head injury.

This is an excellent review of all available options, including sound practical advice and honest assessment of their likely efficacy. The volume is well edited and produced, and thoroughly referenced. Its practical emphasis and reasonable price should make it all the more attractive to anyone regularly engaged in the practical management of spasticity in children and adults. Strongly recommended.

RJ HARDIE

Musculoskeletal Medicine: The Spine. By L BURN AND J K PATERSON. (Pp 301; Price: Dfl 175.00, US\$ 90.00, UK £50.00). Dordrecht, Kluwer Academic Publishers Group. 1990. ISBN 0-7923-8913-1.

This is an unusual book written by two Presidents of the British Association of Manipulative Medicine. They take a sceptical look at the knowledge on which we base our clinical management of spinal pain, and review current treatment. It is a difficult book to read, much of it in short paragraphs, which makes it rather like reading Wittgenstein without the fun. The book is in two halves, Part One—Basic Considerations devoted to relevant epidemiology, relevant anatomy, relevant physiology and so on; Part Two—Clinical Application includes basic case analysis, clinical presentation and "tiers of management".

The first half sets out to look at what we know or rather don't know about spinal pain supported by selected excerpts from favoured texts and replete with references—some obscure, for instance "in the Seventh Congress of Federation of International Manual Medicine (unpublished)". In disheartening fashion the authors knock down the precepts of deterministic medicine using highly selected scientific data. Thus the truth emerges that we know virtually nothing about the origin of spinal pain, and clinicians are not entitled to make a diagnosis. Thus empiricism rules. Along the way the authors demonstrate their wide breadth of knowledge from mechanoreceptors to psychotherapy. Unfortunately, although there is much information it is difficult to learn from these two teachers, partly because of the presentation. It is a shame, for instance, that in a section on complicated anatomy there is not one illustration, and in the whole book there is only one diagram and no radiographs. The latter omission is not surprising; the authors claim, with some justification, "to ascribe (vertebral) pain to degenerative changes (on x-ray) is clearly a clinical error". The gist of all this is to prove that the "clinician is empiricist, diagnostic and therapeutic, like it or not". Unfortunately they blow it all with their second half. Here they move from using scientific method to destroy current shibboleths to create their own equally unsustainable practice. The authors are in danger of throwing away the

neurological baby with the bath water. Although an empiricist approach may well be the best for the vast numbers of patients presented to these doctors with spinal pain, surely a little neurological determinism wouldn't go amiss in some cases. Orthodox examination is to be regarded as "accessory". Reflexes, for instance, have little value. The authors assess spinal pain by alternative methods—"skin pinching", "muscle guarding", "trigger points" and "segmental sagittal lateral spinous process pressure". All these techniques are searching for localised spinal tenderness but how this influences case management is not clear. The last section describes 30 different types of therapy in note-form from surgery to acupuncture, and is at its strongest when describing behavioural and cognitive approaches to back pain.

The authors have approached their topic in a polemical way which will not be to the liking of many. It is a challenging read which I find difficult to recommend. However, I did like their alternative title, which I am sure would have sold more books—"Rheumatology without the lymphocyte".

CG CLOUGH

Localization in Clinical Neurology. 2nd edition. Edited by P W BRAZIS (Pp 509 Illustrated; Price £47.50). Edinburgh: Churchill Livingstone, 1990. ISBN 0-316-10743-3

In the preface to the first edition of this book the authors ask the question "Is there still a role for clinical localization in neurological practice in the CT era?" I feel they provide an unequivocal answer in the second edition of *Localization in Clinical Neurology*. The first edition of the book published in 1985 was well received and I am sure this reception will be accorded to the second edition.

I have greatly enjoyed reading this book for it provides an extensive revision course in clinical applied neuroanatomy. The authors direct this edition at what they term "front line" clinicians and towards those training in neurology, neurosurgery and related fields. I think to these people, and also more senior members of the profession whose neuroanatomy is a little distanced by time, the book will be very attractive. Particularly useful are the opening chapters on the neuroanatomy and localisation of peripheral nerve lesions, with a succinct well illustrated account of lesions affecting peripheral nerves. These chapters provide an access to clinical answers not easily found in the larger texts on peripheral nerve injury. Plexus lesions are considered separately and the authors arrange their further chapters topographically dealing with spinal cord, cranial nerve and other intracranial areas of localisation.

What is new in this book? To this reviewer the Flynn phenomenon and Flourens's law were discovered in the chapter on the ocular motor system, otherwise nothing is new, but what is here is very carefully put together and made very enjoyable and instructive reading. There is very little to criticise. Perhaps the account of the syndromes of anterior spinal artery insufficiency should include, or refer to, acute demyelinating transverse myelitis. Transverse myelopathy of acute onset is discussed in its relationship to trauma, tumour, vascular disorders and multiple sclerosis but is not mentioned under "Mul-