Book reviews


This important book contains the unique experiences of a world pioneer in the sphere of spinal cord injuries over a period of 30 years, caring for some 4,000 inpatients in the National Spinal Injuries Centre, Stoke Mandeville Hospital, Aylesbury. The text is written much as the author speaks—in a forthright authoritative manner. There is an excellent review of the world literature and each of the 40 chapters has a list of useful references.

The author details his original contributions as a clinical scientist in his researches on spinal man, relating to the nervous system, the urinary tract, the skin—including vasomotor control, respiratory functions, intestinal activities, sexual functions, and rehabilitation and social aspects. The reader can clearly see how the author proceeded with great determination to introduce and develop in difficult circumstances a world famous spinal injuries unit. He strongly advocates the development of such specialized units, but does not offer actual building notes nor does he attempt to state what the staffing should be, nor how they should be trained. It appears that much depends on local and national circumstances. About 75% of patients with spinal cord injuries have an aetiology other than trauma and, in particular, severe spina bifida has become extremely important in recent times, necessitating post-natal, paediatric and adolescent, as well as adult facilities for their care in spinal units or services. Another factor to be considered in the location, organization, and staffing of spinal units is that some 30% of patients with traumatic spinal cord injury have a significant associated injury.

The chapters on the mechanisms of vertebral column injury and the relationship to radiological and clinical features are brief, and, even realizing that this is primarily a textbook on management, more details of the biomechanics of individual types of spinal injury and a more systematized classification would have been invaluable. The author's preference for the terms 'retro-hyperflexion' to 'hyper-extension', and to 'ventro-hyperflexion' to 'hyper-flexion' regarding cervical injuries may confuse some doctors. Case material is freely used to illustrate various types of spinal injury and their management.

It is in the sphere of the management of spinal cord injury patients that the significant original contributions of Sir Ludwig and his total dedication to his patients are vividly demonstrated. The dangers and uselessness of early operative spinal cord decompression are clearly explained. Operative spinal fixation, for example, using metal plates, is contraindicated; certainly the period of rehabilitation of the patient is not shortened by this treatment. The pathology, biomechanics, and management of spinal instability are discussed briefly, and a more detailed account with more illustrations, and possibly some line drawings, would have been of great value.

The author purposely omits any details of operative techniques, but references to some suitable sources are given. In the later stages of spinal cord injury he recommends surgery if there is persistent or recurring instability of the spine, or if there is a progressive increase of neurological features. The suggestion that reduction of an injured spine can be carried out as a first aid measure and can result in immediate removal of pressure from the spinal cord may not be very appealing. It is noted that the author recommends the early institution of routine anticoagulant drug therapy in all patients with acute spinal cord injury to prevent venous thrombosis and pulmonary embolus.

One of the best chapters in the book is that on disturbances of the bladder and urinary tract. The author gives cogent reasons for dispensing with the term 'neurogenic bladder', and he emphasizes the value of the non-touch intermittent catheterization technique in the initial management of the paralysed bladder.

Although increasing interest is being shown in recent years in techniques being used in the experimental animal in an attempt to prevent or control early post-traumatic necrosis of the injured spinal cord, such as cord cooling, or using certain chemical means—for example, alpha methyl tyrosine—most clinicians would agree with the author that there is no clear evidence that these forms of therapy have a practical application to man, even if they could be used within an hour or so after injury.

It may not be generally realized that, even after a complete cord lesion has occurred, useful recovery may ensue. In this respect using the treatment that the author recommends—namely, postural reduction and fixation of the injured spine and regular turning
of the patient—in 59 patients with complete cervical lesions, 16 improved neurologically, some as late as three to five weeks after injury.

Running through the book we have an insight into the attitudes and philosophy of the author concerning ‘spinal man’. Sir Ludwig has played a major role in changing the morbidity and the mortality of spinal cord injury patients by introducing new concepts of management, and by arousing and developing hitherto dormant talents in the severely disabled person. The book can be recommended as essential reading for those who are involved with the care of the seriously disabled, and is a fundamental text for all who are interested in spinal cord injury patients.

PHILLIP HARRIS


A leading neuropathologist, the world’s most experienced clinical neuro-ophthalmologist and a young energetic neuro-ophthalmologist with an interest in pathology have devoted their expertise to the compilation of this Atlas.

Intended as an aid to topical and differential diagnosis, this book is seen as a supplement to other major clinical textbooks. The organization is, therefore, into anatomical subsections rather than disease processes, and progresses from the optic disc to the calcarine cortex. The major part of the book is devoted to the optic disc, the optic nerve and the chiasmal region where a unique amount of material and pathological information is accumulated. The photographs of pathological sections have been painstakingly prepared, though the accompanying commentary could have been prepared for the reader in a more presentable way. This does not detract from the content, which is superb and includes case presentations with numerous pertinent references to the literature. Historical vignettes such as the necropsy findings on Abraham Lincoln, fundus photographs, and diagrams further enhance this volume.

This book fulfils a most important role, contributes a fund of knowledge to those concerned with disorders of the visual system, and is strongly recommended.

M. D. SANDERS


This book is the first of a series of monographs on major problems in anaesthesia and it reviews the pharmacology and clinical use of muscle relaxant agents with particular reference to their use in anaesthesia. It is primarily written for anaesthetists and, as such, certain matters of interest to neurologists such as the use of relaxants in treating spasticity are not included but there is a chapter on myasthenia gravis and the myasthenic syndrome. Within its field it is reasonably comprehensive and after an initial historical chapter and a section on the physiology of muscular transmission there are detailed sections on different aspects of the pharmacology of relaxant agents with a final section giving a general review of their clinical use in anaesthesia. Although at times the style is somewhat compressed, it is well documented and should prove a useful work of reference in an expanding field.

J. A. R. LENMAN


This revised edition presents the up-dated and slightly extended results of an investigation into the performance of elderly persons on the Rorschach ink-blot test. The earlier report was itself a follow-up to a similar study in children, the principal aim being to determine the similarities and differences in patterns of functioning at the two extremes of the age continuum.

The main study involved a sample of 200 elderly persons in the three decades of life from 70 to 100. The subject sample is a selected one in so far as only ‘reasonably healthy, active and alert’ persons were included, senile dement being specifically excluded. In the initial analysis, no systematic relationship was discovered between increasing age and Rorschach test performance. The subjects were therefore divided into three groups—that is, normals, preseniles, and seniles—on the basis of the general clinical impression obtained from their Rorschach performance. Specific Rorschach signs in these three groups were then analysed and compared. Although this method of analysis is obviously circular, the authors defend it on the grounds that the discovery of relatively homogeneous groups is the most important concern.

While the book provides many valuable clinical observations on elderly persons, it does little to advance our scientific knowledge of the processes involved. The main flaw is undoubtedly the almost exclusive use of the Rorschach test itself: its vagaries include among other things problems of scoring and interpretation, reliability and validity, none of which is discussed in any detail. The book will probably have a wide appeal for enthusiastic Rorschach testers but only limited interest for the non-specialist in the technique.

PETER SLADE
SPINAL CORD INJURIES: COMPREHENSIVE MANAGEMENT AND RESEARCH
Phillip Harris

J Neurol Neurosurg Psychiatry 1974 37: 1288-1289
doi: 10.1136/jnnp.37.11.1288

Updated information and services can be found at:
http://jnnp.bmj.com/content/37/11/1288.citation

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/