

## Book reviews

**The Treatment of Neurological Diseases**, Edited by RN Rosenberg (pp 613; illustrated; £31.50). Spectrum Publications, New York & London. 1979.

In his foreword to an earlier book on treatment Houston Merritt wrote that neurologists, in 1957, were rightly criticised for their lack of interest in therapy. Finding the same disinterest in the authors of modern textbooks of neurology Dr Rosenberg persuaded thirty of his colleagues at Southwestern to repair the gap. With this substantial volume they have almost succeeded; unexpected omissions are the management of incurable disorders and their commonly recurring problems of boredom, frustration and denial and the physical miseries of immobility, incontinence, infection and inanition.

The high mortality of meningitis and the awful consequences of poorly treated infections of the nervous system make the magisterial chapter on these diseases, written by three internists, the most important section of this book. Beginning with the dampening effect on drugs of the blood-brain barrier, the time for lumbar puncture and the information which it should provide, the authors range widely through every aspect of acute and chronic infection and its major complications. They do not always find the most recent remedy the best: in herpes simplex encephalitis, for example, they recommend adenosine arabinoside but do not even refer to acycloguanosine. Being physicians they have, perhaps, greater faith than neurologists in the healing power of a high blood concentration of antibiotic for bacterial meningitis and they make little of intrathecal therapy. So many tragedies, however, have been caused by too large an intrathecal dose that a 'table of limitations' would not have come amiss. Ironically the dose of one of the few antibiotics which they recommend for intrathecal use, gentamicin 5-10 mg daily in gram-negative meningitis, is dangerously high and the safeguard of frequent measurement of drug levels is not mentioned. Ototoxicity is a very real threat in the extrarenal uraemia of overwhelming infection.

In common disorders advances depend less on the quality of new practices than on the extent to which they are adopted. Simple methods of recording the response to graded stimuli, quickly learned by doctors and nurses, have much improved the care of the head injured patient. In the neurosurgical wards of Dallas the Glasgow Coma Scale is in daily use but in the medical and neurological wards the progress of the metabolically damaged brain seems to be reported in a series of vague and open-ended clichés.

British neurologists are today agog to simplify the treatment of epilepsy and openly, if not in private, extol the virtues of using one drug in its proper dose, meaning thereby avoidance of too many fits and a drug level in the blood which sits tidily around the optimal mean. This admirable policy overlooks the pressures which society imposes on the doctor—practitioner, registrar, expert epileptologist—and which sooner or later demand a second prescription for the severer cases. The three authors of the chapter on convulsive disorders wisely admit the occasional need for a second drug but take their stand against a third. Their psychosocial advice is less positive and runs a little thin. The statement that epileptics should not drive public vehicles nor work in "high, open places" is admirable but it does not get them to work nor help them to obtain employment.

The editor's chapter on myasthenia gravis is the shortest in the book. Allowing his colleagues much greater latitude to wander over the frontiers of treatment and to poach in the realms of diagnosis and causation he has sadly abbreviated his comments almost to headlines and notes and avoided a discussion of such notable innovations as transcervical thymectomy and plasmaphoresis. He has also missed the opportunity of providing a simple standard for assessing the total myasthenic response to anticholinesterase therapy at all hours of the day and night: in too many wards and clinics the success of therapy is still judged on casual observation with little regard for the quality of vital functions such as swallowing and respiratory reserve. Kermit Osserman and the therapeutic edrophonium test are either unknown or already forgotten.

This is an important book. Most of its advice is sound and unexceptionable. Any project of this size will have errors, particularly in its early editions. With each revision its value will grow. In its present form it has the gangling proportions of a puppy but already the shape of the adult dog is easily discern. The number of printing errors is appalling. As an example of therapeutic wisdom hitherto locked up in one American medical school it has special value and it should be a goal for the release of similar stores of wisdom from schools in all quarters of the globe.

CHARLES WELLS

**Cerebrovascular Diseases**, Eleventh Princeton Conference, edited Thomas R Price and Erland Nelson, (pp 406 \$38.35) Raven Press: New York. 1979.

The eleventh Princeton Conference was held from the 5th to the 7th March, 1978. The preface declares that it continued the "tradition of providing a lively forum for the discussion of current ideas and controversies in stroke research". Providing for whom? Clearly the answer must be only those who attended because much of the volume is already history. For example, a section is devoted to the Canadian Study of treating transient ischaemic attacks with anti-platelet drugs, a subject which has been discussed and written about ad nauseam at symposia and in the journals since it was first reported. Similarly the whole field of emission tomography has undergone such rapid development that reports of the situation obtained over eighteen months ago are of little value.

The Princeton Conferences began in 1954 and were the first to provide a forum for the discussion of progress in cerebrovascular disease. In this they have done a great service. If this service is to continue, the organisers must ensure that the proceedings become generally available, certainly not longer than six months after the conference. This is not asking the impossible. In fact it has become the normal expectation of international conferences.

JOHN MARSHALL