
Relevance is important: a good deal is made of its place in medical education and research by those as far apart as pre-clinical students and officials of the DHSS, and academics are frequently lectured on the subject. This is a highly relevant book and it comes from the pre-eminent Glasgow school of neurosurgery. The only trouble about relevance is that it is by definition impermanent, and times have been changing fast lately. “This book” say the authors, “can reflect only thinking at the dawn of the 80s”; it is, indeed, the latest in a contemporary neurology series. It is hard to accept that such a good book must inevitably prove ephemeral, but scrutiny of the references supports such a conclusion. Of the 666 references, 72% are to publications of the past 10 years and only some 3% to those of more than 30 years ago. (Was really so little worthwhile work done in those days? Or are we seeing, even in this book, the tendency to be content with too many sources which are secondary, or even further removed from the primary? Reference 12 on p 276 is one example.) About 17% are the work of the Glasgow school itself.

This, then, is the present state of the art, and one could hardly ask for a more comprehensive account of such a complex subject. But the book’s title is perhaps misleading; for it is the basis for management which is so well and fully explained. An unsolved practical problem is the serious gap which exists between the mass of those who find themselves having to manage head injuries and the few who acquire the knowledge which enables neurosurgeons to attempt to set standards which the others know to be mostly unattainable under the existing conditions of their work places.

Moreover, few of those who toil in the accident-and-emergency or accident-and-orthopaedic departments of district general hospitals will have had the time, opportunity or encouragement to undergo any serious training in the practicalities of head-injury care. There is no requirement for such training in the higher-training programme for orthopaedic surgeons; and so varied are the special subjects listed as being necessary for an accident-and-emergency senior registrar’s training that it is doubtful whether many will achieve competence in any but a few; and the difficult subject of head-injury care is unlikely to be one of them, for it is not even mentioned. Many of these trainees would I think find this book, very well written though it is, hard going and would not always easily discover—among the figures, the mass of reasoned argument, the pros and cons and the choices between inadequately proved procedures—clear guidance as to their best course of action under circumstances with which they are faced. Important principles too tend to be obscured by the evidence for them. Most of the information needed is in fact in the book, but the meat may be hard to find, and a work of this importance deserves a much more comprehensive index. [Fortunately, however, those who seek more didactic guidance will find still in print a short guide devoted exclusively to the practical aspects of management and unencumbered by statistics, references, or other evidence or authority for the advice which it offers. That slim volume has at least the merit of a recently published recommendation from the senior author of the book now under review.]

The deficiencies of the index have been mentioned, and a few examples should be given. I should have liked to be able to discover quickly what the book had to say under “children”, and about “fat embolism” (it is hidden away on p 220 in the section of peripheral respiratory dysfunction). And where is “concussion”? At first, I thought it had been formally abolished, but it won’t of course lie down; it still appears ghost-like here and there in the text. The great Trotter did at least attempt to define it more than 50 years ago—and not at all badly, if judged by the knowledge of his day. But what is “commotio” doing in the index? Is this again in English-speaking use, or have I missed a new EEC directive? The authors must forgive these modest swipes; too much space would be needed to list other omissions from the index and some relatively minor errors, or to argue several much rehearsed differences of opinion at present irreconcilable through lack of adequate evidence.

Doctors and research workers in this particular discipline, as in others, can at a certain stage do no more than point the way to the effective application of their knowledge. Radical changes in the organisation of facilities for the care of the injured require similar changes in the attitude within the medical profession, agreement on priorities for hospital staffing and—always the rub—finance. As the authors say, “the statistics for intracranial haematomata probably provide the best audit of the level of provision of health care for head injuries in a community”, and it will be no fault of theirs if this book does nothing to lower the mortality from “the thief in the night”. The stage at which apparently medical problems become political ones is too slowly appreciated or accepted by practical doctors. The problems of alcohol, seat-belts, and other aspects of road safety provide outstanding examples in the context of this admirable book, which will be read by those specialists whose contribution to the head-injury problem are so well brought together and correlated in only 351 pages—excluding the index.


This small volume incorporates five reviews presented at a meeting of the American Society for Neurochemistry in Houston in March 1980. Braun, Pereyra, and Greenfield suggest a model of the molecular organisation of CNS myelin in which basic protein forms a dimer bridging the major dense line. They also describe preliminary data on the sub-