
This volume in the Current Therapy series seeks to provide the “interested practitioner with a specific opinion by an expert which suggests an effective mode of therapy for an individual patient”.

It is a multi-author, North American text covering a broad spectrum of neurosurgery in refreshingly short chapters which are clearly subdivided and easily read. The editor’s intention is to focus on therapy at the expense of aetiology, pathology, diagnosis and natural history. The book often fails to accomplish this, partly because the therapy of a disease process varies according to the mode of presentation and attendant complications. Where an author follows strictly the editorial guidelines, the result is often a valueless introduction followed by descriptive operative surgery.

Sadly, the book contains no references and furthermore, most authors give concise treatment recommendations with no figures to substantiate their argument. This devalues the text and is a surprising omission as these considerable authorities must have these figures readily available. A further general criticism is the lack of any illustrations rendering some of the operative descriptions incomprehensible. Those of us who have never seen the anterior approach to the foramen magnum find it very hard to understand why one suddenly takes a mid-operation from a lateral submandibular dissection to a “midline lip-splitting incision”.

In its present format, this book will be useful both as a revision aid for postgraduate examinations and, to lawyers, as a lucid summary of consensus Neurosurgical Management in 1985!

PD Lees


This nicely produced paperback is an attempt by one of our very best geriatric physicians to provide a more rational basis for the management of elderly patients with neurological disorders.

At a time when medical and surgical services are being straightened throughout the Health Service, one of life’s unexplained wonders is the continued sponsorship of the expansion of geriatrics by the DHSS. With the growing recognition of the enormous problems, medical and social, presented by the elderly, geriatricians are faced with major clinical problems, a high proportion of which are neurological. That such problems are often badly handled, both by overzealous investigation and by omission, is widely recognised; this book may be seen as an attempt to rectify this situation.

Introductory chapters review some of the “normal” aberrations of the ageing process from those signifying disease. They survey clinical signs (Stern), neurochemistry (Willeck) and the examination and investigation (Caird). There follows an extensive section on strokes and TIs, then a series of essays on Parkinsonism, epilepsy (Hildick-Smith), confusional states, dementia, balance and falls. The final chapters deal with disturbances of bladder and bowel, autonomic disorders, neuropathies and myopathies and a useful section on neurological decisions in the elderly (Bartlett).

The text does not attempt to be comprehensive. There is for example no discussion of the common problem of headaches, but brief mention of motor neuron disease. It does, however, present an attractive, and on the whole, well written series of essays which are provided with selective and commendably up to date references. The quality is uneven.

I found the early chapters on normal ageing most helpful. The important chapters on cerebrovascular disease provide a good deal of factual information about epidemiology, but the geriatrician remains as uncertain as the neurologist about the indications for angiography, thromboendarterectomy and anti-platelet drugs. Mulley points out that even non-invasive techniques should not be performed except as a prelude to angiography; perhaps he undervalues digital vascular imaging as a technique, though in this age group the therapeutic dividends must be very small. The chapters on neuropathies, dementia, and the confusional states and on disorders of balance are unsatisfactory, containing little more than can be found in a student’s textbook. Multiple sclerosis and cervical spondylaxis are found under the heading of Neuropathies. The latter, an important and common problem in the elderly receives but scant attention, and the equally important topic of vertigo is never clearly untangled from a general appraisal of dizziness.

There is a lasting impression that those who treat the aged are trying almost too hard to keep abreast of the new sciences, but are insecure in their application in organic nervous disease. Surely, much of the art of the physician is the recognition of patterns of illness and natural history, with the attendant implication of knowing when, and especially when not to intervene. This approach is surprisingly lacking in some of the advice given. Despite these reservations, this will prove to be a useful contribution to an exiguous part of the clinical literature and I warmly recommend it to the consultants and junior doctors in geriatric medicine for whom it is intended.

JMS Pearse


This is a history for the general reader and particularly for those whose ideas of the precedents of neurosurgery are rather vague. Dr Bakay begins his history with neolithic trepanation, and ends with the early nineteenth century, on the grounds that there were no developments from that time until the beginning of the modern era on account of the high mortality from sepsis.

The majority of craniotomies in the historical times within the period under consideration were for the treatment of head injuries. Many of the surgeons had military experience, and debate was as much about the indications for operation as the technique.

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