book are more useful but I am surprised by the fact that a table is produced showing the assessment of risk of development of bed sores without any mention being made of the various clinical assessments of severity or recovery of stroke.

The photographs in the book are well produced but the volume cannot be recommended to physicians involved in the care of patients with stroke and nor can I see it being used by paramedical personnel because the language used in the text is inappropriately complicated.

DAVID BATES

Evoked Potentials *Frontiers of Clinical Neuroscience Vol 3*. Edited by Roger Q Cracco, Ivan Bodis-Wollner. (Pp 564; £70.00.) New York: Alan R Liss Inc, 1986.

This book, volume 3 in the series, is of a different generation and has an aim very different from the standard works on clinical evoked potentials, such as Halliday's and Chiappa's volumes, published a few years ago. The authors of this work have attempted, largely successfully, to select what is relevant, interesting and important in the field, whether basic or clinical. The book is not intended to be all-encompassing but a great deal is covered in the 49 chapters, by no less than 99 contributors. The great majority of the contributors are from North America, with Italy and Israel particularly well represented among the rest. All the contributors are well known for their work on the aspects of EPs which they here review, describe or discuss according to their preference.

There are eight sections in the book: methodology, animal models, anatomy, biochemistry and pharmacology, differential diagnosis, surgical monitoring, paediatrics, and cognitive disorders. Though the reason for placing some contributors in their particular section seems somewhat arbitrary at times, this arrangement works reasonably well on the whole. I certainly found, when searching for a particular chapter that my attention was frequently caught by an interesting or relevant page or illustration in one of the adjacent chapters.

Most of the workers whom one would hope to find in a major work on clinical and basic science of EPs are here and it is both a pleasure and a great convenience to have in a single volume such diverse workers as Lehmann on spatial analysis, Kaufmann and Williamson on the neuromagnetic field, Maffei and Fiorentini on the pattern ERG,

Yamada *et al* on bilateral stimulation for SEPs and Blumhardt on the VEP and visual field defects, to choose a few at random. There is much of interest in all eight sections—perhaps that termed Anatomy has the most to offer for the clinician apart from the obviously clinical sections, with, for example, Møller and Jannetta on the BAEP, followed in sequence by Desmedt, Kimura and colleagues, and Burke and Gandevia on various SEP aspects. The section entitled Differential Diagnosis is generally good and contains a real gem of a short chapter by Picton, classifying BAEP abnormalities. Surprisingly the smallest section is that on surgical monitoring, with only two contributors, both on the SEP, and no mention of BAEP monitoring or the more problematical VEP.

The arrival of this work is timely since certain aspects of the EP field seem likely to undergo critical reappraisal in the near future. In the USA if not yet in Britain, the rapid increase in availability of magnetic resonance imaging is bound to be accompanied by a decrease in the use of EPs for diagnosis of multiple sclerosis. Event related potentials, for years a candidate for growth, have still to establish a clinical role, and though there has been a remarkable recent increase in commercial averagers with facilities for topographical display of EPs, and thus for generation of pretty pictures, there are many who have reservations about the true value of this technique. This book is packed with interesting material and is in general well produced; the price is reasonable. It will be of great value to clinical neurophysiologists wishing to improve their understanding of basic mechanisms, pondering new ideas for research or aiming to improve their routine clinical service.

NMF MURRAY

Magnetic Resonance Imaging of the Central Nervous System. Edited by Michael Brandst-Zawadzki, David Norman. (Pp 300; \$103.00.) New York: Raven Press, 1986.

As might be expected with a multiauthor book this one suffers from a certain amount of repetition. Although aimed at residents and practising radiologists there is more than enough technical detail in the first nine chapters, which occupy over one third of the book, to satisfy any other than someone who has to devote much of his practise to MRI. However, these chapters are well writ-

ten and easy to understand and the chapter on artefacts is very detailed and will be particularly useful. My only regret is that the sequences used are only spin echoes. Inversion recovery is not mentioned because it is not commonly used in the United States.

The clinical section from chapters 10 to 20 are somewhat unbalanced, 140 pages being devoted to diseases of the head and only 50 to the spine. Since tissue characterisation and experience of disease patterns is sometimes limited, many of the head sections devote much space to clinical background and relatively little to MRI appearances. On the other hand the two chapters devoted to the spine are very good and full of useful MRI detail and could well have been enlarged. The last two chapters deal with the nasopharynx and neck. Although useful, I find it strange that they are included but no space is found for consideration of the petrous bone or orbit.

Overall, however, it is a well written book full of useful information. In some areas it is more detailed than strictly necessary and in others there is too much padding. However, it is well worth reading and despite its cost it to be recommended by anyone who is going to be regularly involved in MRI.

DPE KING

Aging with a Disability. By Robert Trieschmann. (Pp 156; \$24.95.) New York: Demos Publications, 1987.

The title suggests an important and neglected field, of which this book provides mere glimpses. As a psychologist the author writes convincingly about personal problems of advancing disability. The predominance of spinal injury reflects her own interests, and she should have resisted the temptation to add vague generalisations on an assortment of other conditions such as multiple sclerosis. The overall prognosis and the progressive increase of medical problems in spinal injury and other causes of so-called static disability is an important topic from a practical point of view. The author is hampered by the scarcity of existing information, and also by an obvious lack of clinical perspective. The tendency of seemingly static central nervous system disorders (especially but not exclusively poliomyelitis) to enter a phase of late progression raises issues not only of practical but also of general theoretical interest. The author recognises these issues but proves incompetent to discuss them in any depth.

The eight biographies of disabled people with which the book begins demonstrate the author's skill in empathising with individuals and outlining important aspects of aging with disability. It is sad that there is no better book covering this topic. Why not? As the author says, saving lives attracts glamour and funds which are denied to services for the saved. If this is true of spinal injury and poliomyelitis it is no less true of the beneficiaries of other miracles: for example a generation of people with spina bifida and hydrocephalus now being launched into an adult world which has made no special provision for them and which can scarcely conceive that they will become old.

CHRISTOPHER D WARD

The Therapy of Pain 2nd ed. Edited by Mark Swerdlow. (Pp 271; £32.95.) Lancaster: MTP Press Ltd, 1986.

It is a pleasure to see the second edition of this book, a considerably altered and much improved version of the first edition that appeared in 1981. The title is perhaps misleading, since it will not be obvious that this new edition now contains an outstanding chapter by Cervero on neurophysiological aspects of pain which alone would make the book worth reading and is one of the best brief synopses of the theoretical issues of pain mechanisms. Apart from this new chapter on neurophysiology (which also deals with neurochemical aspects but little on therapy), other new contributors have taken over chapters on current views on nerve blocks and on oncological management of cancer pain. Two new chapters have been added, one on the vexed management of low back pain, and the other, written by the book's distinguished editor is on assessment of the pain patient. Contributions are brought up-to-date in the remaining chapters on psychiatric aspects, the management of a pain relief centre, pharmacological approaches, non-invasive methods, current views on the role of neurosurgery, and pain relief and terminal care.

How does the new edition emerge from these changes? I think with flying colours, despite the variation in presentation and outlook to be expected in a multi-author book. It will, however, leave the reader bewildered and perhaps realistically disillusioned about the state of the art and different approaches to the subject. Two chapters will serve to illustrate these

differences. In the chapter on nerve blocking procedures it is most refreshing to see Charlton's cautious approach, critical analysis of methods and results, and warnings ("before embarking upon neurolytic block everyone should read the review of medico-legal aspects of complications that may follow these procedures"). He states that intrathecal use of cold hypertonic saline and barbotage of CSF "can now be regarded as historical curiosities"; of epidural block "there is a distinct lack of published data on the injection of neurolytic solutions into the epidural space"; and neurolytic paravertebral and intercostal nerve blocks "frequently have an unacceptably high incidence of post-block neuritis". This sort of analysis which the author supports with appropriate references is much needed in pain-relief work.

This approach contrasts with that in the chapter by Hitchcock on neurosurgical management. Statements such as pain following brachial plexus avulsion "usually gradually disappears" is not supported by Wynn Parry who reports persistent pain in 90% of 108 patients (*Pain* 1980;9:41-53); there is as far as I know no evidence that in causalgia increased amounts of nor-adrenaline are produced; and amongst amputees "happily phantom limb pain is relatively uncommon" does not accord with reports of persistent phantom pain in 50-78% patients (Krebs *B et al. Adv Pain Res Ther* 1985;9:425-9; Sherman RA *et al. Pain* 1984;18:83-95). Certainly not everyone would agree that patients with severe pain from temporomandibular joint derangement should be offered radiofrequency trigeminal rhizotomy if dental treatment is ineffective, or if post-herpetic truncal neuralgia persists longer than a few months that surgery should be offered. Moreover, procedures such as dorsal root entry zone lesioning are discussed with no comment on complications. Whilst there is much difference of opinion and uncertainty when dealing with chronic pain, it is essential that oversimplification is avoided, not least to allow assessment of long-term results and complications of procedures.

These examples illustrate the divergent approaches to pain and its managements which the editor has allowed contributors to express. The reader will want to, and indeed should, assess critically the views of the authors, but will be rewarded by much interesting and up-to-date material, well referenced and covering a wide field. The book is reasonably priced, well produced and is certainly recommended.

GD SCHOTT

Intensive Care and Monitoring of the Neurosurgical Patient (Progress in Neurological Surgery Vol 12.) Edited by AM Landolt. (Pp 202; \$74.00.) Basel: Karger, 1987.

It is unfortunate that this volume, dedicated to Hugo Krayenbuhl with such a good biography, has suffered the vicissitudes of multiple authorship (so frankly acknowledged in the editors' preface that it could be taken as a lament upon this type of book); relatively little of the title is covered by the contents, and the relationship of the eight contributions is seemingly haphazard.

Neurological Evaluation of the Unconscious Patient by JD Miller gives a good account of the origin, simplicity and reliability of the Glasgow Coma Scale which makes the addition of the Abnormal Flexor category to the Best Motor Response unjustifiable since it requires somewhat expert recognition. The applicability of the Glasgow Coma Scale to neurosurgical conditions other than head injuries is well presented.

The chapter entitled *Intensive Care of the Head-Injured Patient* is a comprehensive review of many of the topics which would be anticipated in a volume such as this but deals with them so cursorily that little of practical value in patient management can be gleaned from it. Barbiturate therapy is given some prominence, and the control of ICP is separated both from monitoring techniques and artificial ventilation in such a way that the inter-relationship of these is lost. The metabolic and hormonal effects of head injury are well listed, and a valuable section on coagulopathy following head injury included. *The Effects of Drugs on Neurological Examination* is presented entirely from an anaesthetists viewpoint and gives no account of the effects of such common drugs as alcohol, insulin and amphetamines.

The Neuro-Ophthalmologic Evaluation of the Neurologically Ill Patient is a very nice survey of clinical neuro-ophthalmology with little emphasis upon intensive care patients; it includes the all-important examination of pupils and external ocular movements in the unconscious patient, and has some nice explicit diagrams.

The EEG and Intensive Care Medicine is a good chapter describing the relationship between the EEG and levels of consciousness, ICP, and CBF. Computerised EEG techniques and practical advice is given, and the role of the EEG in the diagnosis of brain death would appear over-emphasised had not the clinical bedside features been so clearly presented in Miller's contribution.