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 said 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


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 intra-thecal 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 dural 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 management 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


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 neurological 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 is 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.