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.

Intraoperative Monitoring of Evoked Potentials is clearly presented but could be seen as not very relevant to the intensive care situation, and *Intra-operative Monitoring of Extracranial Vascular Surgery* likewise. This volume is hardly likely to become a standard text for the management and monitoring of neurosurgical patients in the intensive care unit.

G BROCKLEHURST

other methods of evaluating disability in ataxic patients. Overall the Japanese experience, based on either open or controlled trials, suggests that administration of TRH or its analogue DN-1417 increases stability of stance and gait and improves dysarthria in patients with degenerative ataxias. This book provides a useful starting point for anyone hoping to confirm these results in further trials.

ANITA HARDING

TRH and Spinocerebellar Degeneration.
Edited by Itsuro Sobue. (Pp 268; \$74.00.)
Amsterdam: Elsevier Press, 1986.

The attempts to identify an effective therapy for ataxia which have been made in the last decade or so do not add up to a tremendous success story. Impressive results from one centre, regrettably infrequently obtained from a well designed double blind trial, have rarely been confirmed in another.

The rationale for many of the proposed therapies for ataxia, particularly cholinergic compounds, is rather tenuous. Superficially it is difficult to see why thyrotropin releasing hormone (TRH) should confer any benefit on ataxic patients. TRH was first shown to improve ataxia in an ataxic mouse mutant (rolling mouse Nagoya) in 1977. Noradrenaline is present in abnormally high concentrations in the cerebellum and brainstem of these mice, and TRH accelerates noradrenaline turnover in the brain. It is known that there are noradrenergic afferents projecting to the mammalian cerebellar cortex, although their function is unclear. A recent observation which is possibly important, but not stressed in this volume, is that TRH appears to play a role in regulating GABA receptors in the cerebellum; GABA is the major neurotransmitter of Purkinje, basket and Golgi cells.

In this book, Sobue and many contributors from Japan describe the effects of TRH and TRH analogues, administered parenterally and orally, on patients with a variety of degenerative ataxic disorders. There is an extensive introductory section describing the distribution, metabolism, and function of TRH in the nervous system and elsewhere, two chapters on the pharmacokinetics of TRH, and further chapters on the effects of TRH on various mouse models of ataxia. A useful summary of what is known about neurotransmitters and cerebellar function is provided by Kanazawa. Yoshida and Nakanishi review various clinical and

Learning Disabilities and Postural Control.
By Reuven Kohen-Raz. (Pp 255; \$48.00.)
London: Freund Publishing House Ltd, 1987.

By learning difficulties the author means reading difficulties, and the book is an attempt to correlate these with unsteadiness as measured by ataximetry in school-children. It is maintained that there is a close correlation between unsteadiness, measured accurately, and learning difficulty, though the author admits that half of those with reading problems are not unsteady (these being the ones who are culturally disadvantaged as opposed to those who have what is often termed minimal brain damage). It is of course well known that many children with reading problems are clumsy, but the reverse is not always true.

In the text, such words as organismic, contentwise, tetraataxiometric and meta-analytical serve as a warning that one is being steered into the muddy water of neuropsychological educational theory: while a probability factor of 0.000001, derived by an obscure statistical method from combined studies of only 329 children in three different countries, heightens one's scepticism.

This book is likely to cause confusion in the minds of the ignorant, who will be unduly impressed by its scientific tone, anatomical diagrams of the cerebellum, and incomprehensible tables. But it has its uses in that it provides references to a number of approaches to reading problems (other than teaching the rules of grammar), and a good summary in Chapter 9 of current methods of sensorimotor training. The fact of the matter is that many children with learning difficulties do profit from physical and psychological stimulation in one form or another; and of course all exercises in the field of gravity involve postural control.

J FOLEY

Notices

Queen Square Alumni Meet in New York

An organisational meeting for an Alumni Association for the National Hospital at Queen Square was held on 8 April 1987 during the annual meeting of the American Academy of Neurology. Present at the meeting were neurologists from the United States, Canada, Great Britain, and the Federal Republic of Germany. There was a definite feeling that an Alumni Association should be formed. During the next twelve months, further details of organising the Association will be investigated. All physicians who have studied at or been affiliated with the National Hospital at Queen Square are welcome to participate. Future meetings for interested Alumni will be held at the 1987 American Neurological Association meeting and at the 1988 American Academy of Neurology annual meeting. Individuals interested in learning more about the organisation are asked to write to John C. Steiner, M.D., 1095 Nimitzview Drive, Cincinnati, Ohio 45230. Individuals interested in meeting at the American Neurological Association meeting should write Michael H. Finkel, M.D., 733 W. Clairemont Avenue, P.O. Box 1510, Eau Claire, WI 54702-1510.

The International Society for the Study of the Lumbar Spine. The 15th meeting will be held in Miami, Florida, April 13-17, 1988. Further information may be obtained from Dr Sam Wiesel, Sunnybrook Medical Centre, Room 3009, 2075 Bayview Avenue, Toronto, Ontario, Canada, M4N 3M5.

ILAE 1987 award in clinical pharmacology

The Fourth Commission on Antiepileptic Drugs of the International League Against Epilepsy instituted a yearly award in Clinical Pharmacology. The award is intended to recognise significant contributions by a scientist (or a team of scientists) to the clinical pharmacology of antiepileptic drugs. Candidates may apply directly or be nominated. Each submission should include a curriculum vitae, complete bibliography and six copies of the most significant publications.

All material should be forwarded to Lenart Gram MD, Secretary of the Commission on Antiepileptic Drugs, University Clinic of Neurology, Hvidovre Hospital, DK-2650 Hvidovre, Denmark.

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