kidney disease, mitral valve prolapse, and certain (cerebro) vascular anomalies.1

The possibility that von Willebrand’s disease is a medullary or connective tissue disorder enforces the plea made by Dr. Osenbach and his colleagues 1 that structural vascular lesions should be ruled out in all patients with von Willebrand’s disease who develop intracerebral haemorrhage upon minor trauma.

Osenbach et al2 patient had successful surgical extirpation of the lesion after two weeks of cramps and dizziness. Administration of the synthetic von Willebrand factor (vWF:ag) to patients with haemorrhagic disease has been used in von Willebrand’s disease. This type of von Willebrand’s disease is characterised by decreased plasma levels of qualitatively normal von Willebrand factor: antigen (vWF:ag). vWF:ag strongly promotes platelet-vessel wall interaction. DDAVP has been shown to stimulate the release of factor VIII and vWF:ag, shorten or normalise bleeding time, and provide surgical haemostasis in patients with von Willebrand’s disease. & In 1984 for the treatment of the haemostatic defect of von Willebrand’s disease. After an adequate response to the drug, it has been shown before surgery. DDAVP is considered the primary prophylaxis therapy for patients with type I von Willebrand’s disease undergoing surgery. Endogenous vWF:ag released by DDAVP into plasma has been shown to be haemostatically as exogenous vWF infused with plasma concentrations, allowing safe performance of surgical procedures. Moreover, prolonged bleeding time in patients with severe von Willebrand’s disease can be partially corrected by infusion of cryoprecipitate, be further shortened by DDAVP administration.1

Treatment with DDAVP avoids the risks associated with administration of plasma derived products, for example, viral transmission and allergic reactions. DDAVP administration is associated with very few adverse effects. Mild facial flushing, probably caused by increased sensitivity of the skin, is most frequently encountered. Other less common side effects are mild and transient headaches, a 10% increase in heart rate, and minor decreases in blood pressure. These reactions can easily be attenuated by slowing the rate of DDAVP infusion. DDAVP administration can be repeated at intervals of 12 to 24 hours although some patients treated with this drug at closely spaced intervals may become progressively unresponsive over a period of approximately five days.

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BOOK REVIEWS


We doctors love names, and the more confusing and meaningless the better. In the past we could keep patients, lay people, junior staff and even the general public a bit more than we do now. You have taken on a totally new life. Speaking as a Consultant Neurological Pathophysiology with neuroanatomical undertones and an interest in neurological rehabilitation and a working day of neuro-epileptology, neurophysiology, neuropsychiatry, neuro-genetics, neuro-dyna and neuro-everything else, I wish I could have some of these books which I could refer to when I need them. The book is well produced, with good layout, and easy to read and understand. It is a book that should be read by all students and the errors should not really have arisen. The book is produced by a group of authorities who have written a valuable work for students and the errors should not really have arisen. For example, spinal shock is described as following 19 brain stem lesions or transection of the spinal cord between the cervical and thoracic levels. While spinal shock occurs at any level of transection below the mids. Above this level a transection produces decerebrate rigidity, which is dealt with in much greater detail and more accurately.


At a time of multiple author productions, it is refreshing to have the views and experience of one man, domiciled in the very pathology affecting the skull base from the orbit down to the foramen magnum. There is thus a continuity and interlinking of his ideas of surgery and management and this more than makes up for the depth which might be provided by a chapter written by a world authority confining himself to one particular topic, such as the management of cavernous sinus thrombosis. The author is an extremely energetic neurosurgeon from the University of Mississippi who is rapidly gaining international respect for his presentations on skull base surgery, and this book represents a review of his expertise in these most difficult tumours.

The book is divided into seven sections:

i) Instrumentation; ii) The Sella and Parasellar Areas; iii) The Orbit; iv) Craniofacial Surgery; v) The Posterior Cranial Base; vi) Surgical Reconstruction and Adjuncts to Cranial Base Surgery, in which anaesthesia, electrophysiological monitoring and v) Instruments and Microneurosurgical Tools. These illustrations are generally of an extremely high quality and the CT scans and MRI images beautifully exemplify the pathology. The colour plates too are excellent and are very necessary additions to this type of book. The black and white operative pictures with artistic “overlining” of various structures perhaps are not as successful as the author had hoped. It is notoriously difficult to demonstrate the complexity of a particular step or simple line diagrams and my own opinion would be that many of the operative photographs could have been deleted and replaced by simple line diagrams. Those who operate on the area will understand immediately the finer points, those who do not operate in the area will not be confused by the excess detail seen in black and white photographs.

The author has performed an extensive literature search which, at the time of going to press, is arguably the best rehearsed skull base review. For that, he is to be congratulated; this is an extremely difficult area and has been performed well. The weakest sections in the book are the first on Ergonomics and Power Equipment. One is not quite sure what to expect. The other sections are clearly directed at those who already have surgical experience, for few would tackle the lesions that he has demonstrated without previous experience. That being so, the comments on operating microscope, ultrasonic aspirators and bayonetted instrumentation would be superfluous. The deletion of this section, or a scientific review of the advantages and disadvantages of laser versus ultrasonic instrumentation might be considered in a second edition.

Taken as a whole, the book is a useful addition to the library of the skull base surgeon from whatever discipline.

ALAN CROCKARD


That neuropsychology is an expanding subject is demonstrated by the number of new books and journals devoted to it over the last decade and by the frequent need to update the former. This book is intended to replace one from 1983, which is barely two student generations ago, and most of the new cohort of text books are from the 1980s, which witnesses the wealth of publication that has occurred recently. For neuropsychologists and anyone acquainted with the area it provides a useful summary of recent work, with some thought-provoking discussion of current ideas concerning both hemispheric specialization and other neuropsychological issues.

The book covers most of the usual topics associated with hemisphericity such as language laterality, handedness, sex differences and “cognitive style”, as well as straying into various peripheral areas and even going to topics only distantly related to brain mechanisms, such as which way protons spin and whether...