advantages” to other patients and the general public. Perhaps they’ll put in a word for wrist restraints as well, while they are at it.

It would be hard to find a psychiatrist who would not find something of interest in this book, although the price may deter private buyers.

DAVID GOLDBERG


This book, edited by a basic engineer in biomedical engineering and an osteopath, has been written to provide information for basic researchers and clinicians alike, and to make the practising surgeon and clinician aware of the large amount of biomechanical research that has gone into the spine in recent years. It should be more correctly called “Biomechanics of the Lumbar Spine”; there is little on the thoracic spine and nothing on the cervical spine. Eighty per cent of Western population at some time in their life will have an acute episode of low back pain which will cause a varying amount of debility and loss of time from work. They also review critically many of the “received” truths about the treatment of the lumbar spine and analyse the effects of exercises, orthoses and spinal stabilisation in the laboratory setting. They remind the reader that in the United States there are 200,000 lumbar laminectomies performed a year, with a poor outcome (published) of 10–20%. Clearly, if one in five operations do not produce a good result, radical thinking has to go into the subject.

There are ten chapters and 280 pages. The line diagrams are clear and demonstrate the points well. The chapter on the anatomy of the lumbar spine is good. It is clear that their own particular research interests are on the biomechanics of the intact ligamentous spine and the biomechanics of the operated spine. These are perhaps the largest and most detailed chapters in the book. In contrast, the chapter on pain is five pages long and does not include all the most recent thoughts on the mechanisms of pain production, for example they quote Melzack and Wall but do not refer to the most recent edition of Wall’s book and the current thoughts on pain.

The descriptions of the surgical approaches are a very good basic introduction to the clinician who is about to refer his patient for such a procedure. It demonstrates how rapidly the field of spinal surgery is moving and, to those who qualified more than ten years ago, shows how many other procedures beyond a midline laminectomy are available for lumbar spine surgery.

The role of fusion in disc disease is well reviewed. They point out that many people are subject to a fusion as well as a discectomy for lumbar disc disease and show that there is no good clinical evidence that the fusion is the ideal approach in disc disease, rather the fused segment may cause secondary degenerative disc levels above and below the fused segment.

The treatment of idiopathic scoliosis is discussed and this is the only exclusion from the lumbar spine, Wolfe Publishing Ltd.

The biomechanics are well described and they limit the mathematics to appendices so that the average clinician does not go to sleep immediately he begins to read the chapter.

ALAN CROCKARD


This book contains an edited selection of papers delivered at the second Congress of the International Medical Society of Motor Disturbances, held in Rome in 1988. The main themes of the Rome congress were cortical stimulation, kinesthesia, the neurophysiology of cranial movement disorders, weakness and upper motor neurone involvement and neuro-imaging in motor disturbances.

The book opens with an excellent chapter by Rothwell, Day, Thompson and Marsden from the MRC Human Movement and Balance Unit in which the physiology of electrical and magnetic stimulation of the human brain is explained. Bartholow in 1874 was the first to demonstrate electrical excitability of the human cortex in a woman with an exposed skull over the parietal bone as a result of friction from a piece of whalebone in her wig. The ulcer had eroded the skull over a two inch diameter and the pulsations of the brain were clearly seen. Bartholow was able to demonstrate the insensibility of the dura and brain substance to the insertion of needles and that stimulation led to movements of the contra lateral side of the body. The strongest stimulus, however, caused the patient to have an epileptic seizure.
and objective measurement in spasticity, and an interesting discussion on the mechanisms of learning and relearning motor skills. Positioning, physical modalities, upper limb spasticity, anti-spasticity drugs, nerve blocks, neurosurgical approaches (including intrathecal drug infusion), and orthopaedic procedures each have a chapter. Two final chapters illustrate differences in management of multiple sclerosis and the after effect of head injury.

This is an excellent review of all available options, including sound practical advice and honest assessment of their likely efficacy. The volume is well edited and produced, and thoroughly referenced. Its practical emphasis and reasonable price should make it all the more attractive to anyone regularly engaged in the practical management of spasticity in children and adults. Strongly recommended.

RJ HARDIE


This is an unusual book written by two Presidents of the British Association of Manipulative Medicine. They take a sceptical look at the knowledge on which we base our clinical management of spinal pain, and review current treatment. It is a difficult book to read, much of it is short paragraphs, which makes it rather like reading Wittgenstein without the fun. The book is in two halves, Part One—Basic Considerations devoted to relevant epidemiology, relevant anatomy, relevant physiology and so on; Part Two—Clinical Application includes basic case analysis, clinical presentation and "tiers of management".

The first half sets out to look at what we know or rather don't know about spinal pain supported by selected excerpts from favoured texts and replete with references—some obscure, for instance "in the Seventh Congress of the Federation of the National Medical Unions (unpublished)". In disheartening fashion the authors knock down the precepts of deterministic medicine using highly selected scientific data. Thus the truth emerges that we know virtually nothing about the origin of spinal pain, and clinicians are not entitled to make a diagnosis. Thus empiricism rules. Along the way the authors demonstrate their wide breadth of knowledge from mechanoreceptors to psychotherapy. Unfortunately, although there is much information it is difficult to learn from these two teachers, partly because of the presentation. It is a shame, for in the final section complicated anatomy is not one illustration, and in the whole book there is only one diagram and no radiographs. The latter omission is not surprising; the authors claim, with some justification, "to subscribe (vertebral) pain to degenerative changes (on x-ray) is clearly a clinical error." The gist of all this is to prove that the "clinician is empiricist, diagnostic and therapeutic" which is incorrect. Unfortunately they blow it all with their second half. Here they move from using scientific method to destroy current shibboleths to create their own equally unsustainable practice. The authors are in danger of throwing away the neurological baby with the bath water. Although an empiricist approach may well be the best for the vast numbers of patients presented to these doctors with spinal pain, surely a little neurological determinism wouldn't go amiss in some cases. Orthodox examination is to be regarded as "accessory". Reflexes, for instance, have little value. The authors adopt spinal cord stimulation methods—"skin pinching", "muscle guarding", "trigger points" and "segmental sagittal lateral spinous process pressure". All these techniques are searching for localised spinal dermatomes, but the reference to spinal management is not clear. The last section describes 30 different types of therapy in note from surgery to acupuncture, and is at its strongest when describing behavioural and cognitive approaches to back pain.

The authors have approached their topic in a polemical way which will not be to the liking of many. It is a challenging read which I find difficult to recommend. However, I did like their alternative title, which I am sure would have sold more books—"Rheumatology without the lymphocyte".

A J LEES


Rehabilitation of people with neurological disease is particularly challenging because of the complex interactions between multiple impairments and the resulting disabilities. To achieve the best possible outcome, the neurologist should work closely with colleagues from other medical and therapy specialties as part of a team, adopting an holistic approach with each patient at its centre.

On the face of it therefore, a book devoted exclusively to spasticity might appear inappropriate. Coexistent cognitive sensory and sphincter impairments cannot be ignored, even if it were possible to separate cerebellar and extrapyramidal disorders from the "upper motor neurone" syndrome. Furthermore, within the latter, negative features such as weakness have functional consequences often greater than the positive intrusion of spasticity. Nevertheless spasticity is extremely common and often conspicuous, hence it is tempting to treat it just because it is there.

The editors of this book have avoided these pitfalls, assembling a well-balanced team of authors including surgeons, therapists and physiotherapists mainly from Boston. The idea for the book grew out of a teaching course of the same title, and the emphasis is on assessment and treatment approaches. There are separate introductory but comprehensive chapters on neurophysiology, neurophysiologic testing, localization in Clinical Neurology. 2nd edition. Edited by P W BRAZIL (Pp 509 Illustrated; Price £47.50). Edinburgh: Churchill Livingstone. 1990. ISBN 0 340 10743 3.

In the preface to the first edition of this book the authors ask the question: "Is there still a role for clinical localization in neurological practice in the CT era?" I feel they provide an unequivocal answer in the second edition of Localization in Clinical Neurology. The first edition of the book published in 1985 was well received and I am sure this reception will be accorded to the second edition.

I have greatly enjoyed reading this book for it provides an extensive revision course in clinical applied neuroanatomy. The authors direct this edition at what they term "front line" clinicians and towards those training in neurology, neuurosurgery and related fields. I think to these people, and also more senior members of the profession whose neuroanatomy is a little distanced by time, the book will be very attractive. Particularly useful are the opening chapters on anatomy and localization of peripheral nerve lesions, with a succinct well illustrated account of lesions affecting peripheral nerves. These chapters provide an access to clinical answers not easily found in the larger texts on peripheral nerve injury. Plexus lesions are considered separately and the authors arrange their further chapters topographically dealing with spinal cord, cranial nerve and other intracranial areas of localization.

What is new in this book? To this reviewer the Flynn phenomenon and Flouren's law were discovered in the chapter on the ocular motor system, otherwise nothing is new, but what is here is very carefully put together and made very enjoyable and instructive reading. There is very little to criticise. Perhaps the account of the syndromes of anterior spinal arteriovenous malformations should include, or refer to, acute demyelinating transverse myelitis. Transverse myelopathy of acute onset is discussed in its relationship to trauma, tumour, vascular disorders and multiple sclerosis but is not mentioned under "Mul-