
Michael Aminoff, Professor of Neurology at the School of Medicine, University of California, San Francisco has written a most interesting book worth reading on Brown-Séquard. Brown-Séquard had during the 19th century an extraordinary career in experimental medicine. For some time he was a rival of the renowned Claude Bernard, he succeeded as Professor of Medicine at the Collège de France. His life, full of dramatic reversals of fortune in colourful and varied settings, has about it the trappings of legend. For those interested in medical history, especially in neurology, it is a book that can be recommended.

Ed.


This monograph is a record of the proceedings of an international workshop held in Perth, Western Australia, in August 1991, with 22 world experts on Duchenne and Becker's muscular dystrophy. The book is excellently edited and after almost every chapter there are short but interesting and elucidating discussions.

The contents are divided into three parts: Dystrophinopathies, Myoblast transfer, and Gene therapy.

The book thus deals with all aspects of the pathophysiology. There are, however, no chapters on rehabilitation. For those dealing with patients with Duchenne muscular dystrophy it is an excellent review of the past few years' ongoing research.

The book is recommended.

Ed.


It is stated in the preface that the text "attempts to discuss all the aspects of pain as currently understood: neuroanatomic, neurophysiologic, and psychosocial, as well as the basis for therapeutic programs".

This goal is in general only partly met, and the book would probably benefit from less variation and more focus in which the author has expert knowledge. The book also suffers from numerous errors in the information given in both text and figures. To take an example, it is stated repeatedly and erroneously that A-alpha or A-beta fibres are nociceptive fibres. Another example of an incorrect statement is "Large diameter myelinated fibres transmit mechanoreceptor impulses and have a lower threshold at their synapse at the dorsal horn". In figure 1:19 it is stated that "tricycles and other antidepressants affect the descending tracts to the dorsal root (substantia ganglia [sg])".

There is, however, no evidence that tricycles can surmount effects in the dorsal root. Furthermore, "substantia ganglia" should probably be substantia gelatinosa. To further exemplify that the phrasing in the physiological discussions frequently lack sharpness the following example could be given; figure 5:4: "The spindle system supplies sensory to the cord...sensation cannot be supplied to the cord... Some of the figures are either misleading (Fig. 1:24: the text is partly incorrect). Laminae 1 + 11 are not substantia gelatinosa; Fig. 2:10: WRD-neurons do not exist only in the conditioned dorsal horn), or they are too oversimplified that they become incorrect (e.g. 13:2).

For the pain-interested professional, several far better publications are available on the market.

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It is beyond all doubt that no neurologist among those alive today has had personal knowledge of so many of the recognized neuroscientists of this century as Professor Robert Aird, former chairman of the Department of Neurology, Medical School University of California, San Francisco. Nor is the privilege accorded to everyone, of possessing an excellent working capacity and a brilliant memory at the age of 90.

It is therefore with considerable interest that one reads his new book written last year, the year in which he reached 90.

The author gives an interesting and amusing picture of the emergence of neurology from the old activities of neuropsychiatry in the U.S. Developments in this field have varied in different countries, but on the whole they have been similar to those in the U.S.

The advances in the basic neurosciences, as neuropathology, neurophysiology, neurochemistry, neuropeharmacology, neurogenetics as well as advances in related clinical fields such as neuroradiology, neururosurgery, pediatric neurology, and neurological rehabilitation each have their special chapters. The author also mentions that this project involves a selection of leaders to illustrate how the advances in many related fields were made. "Many more could have been selected and the individuals now selected to illustrate this development were not necessarily the most outstanding or popular leaders. They have been selected because of their illustrative value, their colorfulness as individuals, and my ability to develop an interesting account."

With this in mind, the author has given a most interesting account of a gallery of recognized neuroscientists. After a cursory glance at the names selected one wonders, at first, where the author has placed his own name, as he himself was one of those pioneers. However, during the course of the reading it becomes apparent that a portrait of the author, in a modest form, runs as a continuous thread throughout the book.

The book is well written, and most of the portraits are outlined against the background of the author's personal acquaintance with the respective individuals. It deserves a place on every neuroscientist's bookshelf.

Ed.

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ABSTRACT

Corticospinal tract stimulation: A target of spinal cord injury for functional recovery following incomplete lesions. Stimulation of the corticospinal system has been shown to result in voluntary movement of the contralateral extremities (4-6). Our interest is to determine if we can build upon these findings in patients (2) with incomplete spinal cord injury. To this end, we have developed a functional electrical stimulation protocol. To our knowledge, there are no reports in the literature regarding this topic.

Key words: Functional electrical stimulation, spinal cord injury, voluntary movement.