BOOK REVIEWS


D. Beckers and M. Buck wrote "PNF in der Praxis" in German, in 1988. They have now written an extended edition in English together with the American physiotherapist S. Adler, who worked together with Margaret Knott, the author of the very first book on PNF.

After a short historical review the description of the basic procedures and the techniques for facilitation and inhibition is given. One chapter is entitled Patient Treatment.

The book includes 124 pages with diagonal movement patterns in different combinations for scapula, pelvis, upper and lower extremity and neck and trunk. The last part of the book deals with exercises on mat, gait-training, face, swallowing and breathing, and activities of daily living. It ends with a glossary used in PNF. Each chapter has a reference list. There are many illustrations to clarify the text.

The book can function as a practical guide, but some previous knowledge in PNF may be necessary.

The book lacks references to the latest research on the effects of PNF, especially the inhibition techniques used in many sport activities, and to some new studies on the physiology of the background of the clinical successes. In my opinion too much space has been given to the diagonal patterns.

More examples directly connected with individual functional problems would have been preferable. In hemiplegia the authors recommend manual resistance. According to the latest scientific experiences in motor learning, manual resistance is not, however, the first choice of treatment in hemiplegia. Nevertheless, there are some suggestions for treatment of the hemiplegic patient which may work very well if used in a correct context.

The book is well-written and can, in spite of the above remarks, serve as a clinical guidebook in any physiotherapy department.

Birgitta Claesson, R.P.T.


With an increasing number of immigrants to the Scandinavian countries, especially from the southern parts of Europe, we are faced with many new problems, not least the physician, in handling psychosocial questions in rehabilitation medicine. Two chapters in this excellent review of sociology may be given special mention.

2. C. Calhoun: Nationalism and ethnicity.

In the first chapter, the authors make a distinction between "group self-esteem," which refers to how the individual feels about racial or ethnic group membership, and "personal self-esteem," which refers to how the individual feels about the self in general. We find here a good survey of the major paradigms of ethnic/racial and Asian Americans. Many of these observations can be generalised to apply to other ethnic/racial groups.

While it is impossible to dissociate nationalism entirely from ethnicity it is equally impossible to explain it simply as a continuation of ethnicity in a common history of language. Numerous dimensions of modern social and cultural change, individualism, and the integration of large-scale webs of indirect relationships also serve to make both nationalism and xenophobia salient.

These categorical identities also shape every life. Both reviews are well-written and of great current interest.

Ed.


This is the third edition of a manual for methods used in nerve conduction studies, somatosensory evoked potentials, studies of compound motor conduction and EMG and SFEMG. The title of the book "Manual of Nerve Conduction Velocity, and Clinical Neurophysiology," reveals the main problem with the book. The authors deal mainly with nerve conduction velocity, although modern nerve conduction studies include much more than just the conduction velocity. If the studies are properly done the amplitude, area and amplitude ratio, and duration of signals contain much more useful information about peripheral nerve function, which the authors have neglected.

The introduction to nerve conduction studies contains numerous errors. The authors suggest for instance that the sensory latency should be measured to the initial positive spike (not the positive peak). There is no discussion of nerve conduction pathophysiology. Nerve conduction block, an important feature in several disorders (local neuropathies, motor neuropathy with conduction block and Guillain-Barré syndrome), is not even mentioned. The influence of nerve segment length and the effects of recording electrode configuration on the shape of the sensory nerve action potential is not even referred to. Near nerve conduction studies with needle electrodes are not described.

The quality of the illustrations is very poor. The stimulation site for the median motor nerve conduction study appears to be over the median epidactyly.

The sections on somatosensory evoked potentials and magnetic stimulation are useful. For motor unit potential analysis the authors use Buchthal’s reference values. If these are to be used the method should be identical to Buchthal’s original method, which is not described. In the section on SFEMG the authors erroneously state that the amplitude of SFEMG potentials is 0.5–5 mV.

This book can be used as a guide for magnetic stimulation and somatosensory evoked potentials. However, for nerve conduction studies it is definitely not to be recommended; there are much better alternatives available.

Björn Feick, MD

EARLY MORPHOGENETIC EVENTS IN THE DEVELOPMENT OF THE SPINAL CORD

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ABSTRACT. Spinal cord formation begins at the anterio-lateral tip of the neural plate. It is a complex process that involves the stage of the paired somites. The spinal cord forms by migration of neural crest cells from the neural tube, followed by a period of segmental elongation of the neural tube. The spinal cord is then capped by the formation of the central canal. The central canal is surrounded by the neuroepithelial tube, which is the precursor of the spinal cord. The neuroepithelial tube is formed by the proliferation of neuroepithelial cells and the formation of the central canal.

INTRODUCTION

Bone tissue is constantly remodeled by the complementary activities of osteoclasts and osteoblasts. Bone mass is maintained between these two actions, which are important to quantify the conditions affecting bone remodeling.

While the disturbance of these two actions may lead to important bone diseases, the conditions affecting bone remodeling are poorly understood.