Book Reviews

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Lecture Notes on Neurology, 6th ed, by Ivan T. Draper, Oxford, Blackwell Scientific, 1985, 212 pp, $12.50.

This pocket-sized paperback is subdivided into three major categories: structure and function of the nervous system, history taking and the neurologic examination, and nervous system diseases. Brief definitions are provided for commonly used neurologic terms. Simplified diagrams are provided to help visualize the organization of various levels of the central nervous system. The major neuroanatomic pathways of the motor, sensory, and cerebellar systems are described. Alterations within these pathways and common clinical signs are correlated. The section dealing with history taking and the neurologic examination outlines basic techniques and describes the physical signs correlating with anatomic lesions. The concise third section discusses each nervous system disorder with respect to pathology, clinical presentation, diagnostic evaluation, and treatment. Common disorders, such as epilepsy, headache, and cerebrovascular disease, are described in greater detail.

One major deficiency of this book is its sparse reference section. Only four sources are cited as authoritative texts.

Lecture Notes on Neurology is directed toward the undergraduate and junior house officer. The sections dealing with the neurologic examination serve as a good reference for the novice neurologist. As stated by the author in the preface, this book should be used in conjunction with, not as a substitute for, formal course work.

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Neurosurgery—The Scientific Basis of Clinical Practice, ed by Alan Crockard, Richard Hayward, and Julian T. Hoff, Oxford, Blackwell Scientific, 1985, 647 pp, $99.95.

As is often the problem in books by multiple authors, the quality of various sections is quite uneven. Such is the case with *Neurosurgery—The Scientific Basis of Clinical Practice.* Several topics are covered in an excellent fashion, including neurochemistry, stereotactic surgery, experimental neuro-oncology, viral infections, and tests (radiography, audiography, evoked potentials, electromyography, and endocrine evaluation). The section about craniosynostosis is lengthy and very well written. Overall, the chapter about congenital problems affecting the nervous system is done well, but many of the diseases affecting the nervous system are given only short descriptions. The final chapter dealing with bladder function is also excellent. Other sections, however, leave much to be desired. The chapter discussing the effects of systemic disease on the nervous system is only a few pages long. Another chapter about epilepsy is good, but devotes only one page to pharmacologic treatment. The chapter dealing with clinical neuropsychology is only three pages long, lacks a description of tests, and does not include enough references to allow the reader to go into this subject in greater depth. Many sections have too few references, while other chapters have an overwhelming number. A textbook of this type would probably be most appealing to residents in training to give them some exposure to the various disease entities.

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Surgical Treatment of Aortic Aneurysms, by Denton A. Cooley, Philadelphia, WB Saunders, 1986, 240 pp, $55.00.

Since simplicity and understatement are two of the most dependable hallmarks of vast experience, it should come as no surprise that Dr. Denton Cooley of the Texas Heart Institute has successfully condensed more than 30 years of his original work with aortic aneurysms into a succinct and thoroughly manageable volume which should be of interest to virtually any cardiovascular surgeon. With the invaluable assistance of Bill Andrews, an award-winning medical artist, Cooley describes atherosclerotic and dissecting

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aneurysms of the ascending aorta (with and without involvement of the aortic valve or coronary ostia), the transverse aortic arch and brachiocephalic vessels, the descending thoracic and thoracoabdominal segments, and the infrarenal aorta and common iliac arteries. Because each of the superb 156 illustrations is worth at least a thousand words, the descriptive text is brief and emphasizes, above all else, that unnecessary dissection should be avoided before controlling the aneurysm and restoring arterial continuity with a Dacron graft constructed within the sac itself. In this respect, the author has convinced the rest of his field that hypothermic circulatory arrest (20–24° C) is indispensable for the treatment of transverse arch lesions and complex reoperations.

The virtue of minimum dissection is applied to suprarenal and conventional distal aortic aneurysms as well. For example, Cooley suggests that the phrenic nerve may be preserved by incomplete division of the left hemidiaphragm and the underlying aorta during thoracoabdominal replacement, and he attempts to preserve parasympathetic function by end-to-side iliac reconstruction in the pelvis. Several of the techniques used for revascularization of the renal and mesenteric arteries are innovative, but if they appear deceptively easy in the atlas, it probably is because the author made them seem that way in the operating room. It is safe to assume that patients will not be quite so schematic in Sheboygan (or in Cleveland, for that matter) as they are in Houston . . . and they will bleed more, especially if one does not recognize the persistent conversion error indicating that 1 mg of heparin is equivalent to 1,000 rather than 100 IU.

Surgical Treatment of Aortic Aneurysms has something to offer to cardiac and peripheral vascular surgeons, and since it presents conceptually complicated anatomy in such a straightforward fashion, it should be particularly attractive to those who are training in either of these specialties. For the resident who wants everything, it may also be read and understood in an evening or two.

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Return to Work after Coronary Artery Bypass Surgery, ed by P. J. Walter, New York, Springer-Verlag, 1985, 480 pp, $35.00.

This interesting volume presents papers from an international meeting held in Germany in May 1984. Areas reviewed include the clinical and social factors separating individuals who continue to work from those who fail to return to employment, comparison of patients who have primary coronary versus primary valvular procedures, comparison of medical and surgical results relative to continued work, and work status after coronary angioplasty. Success in returning patients with coronary and other types of cardiac difficulties to employment is shown to be a complex multifactorial problem. Pure medical factors such as the completeness of surgery, relief of pain, and the presence or absence of prior infarction and heart failure are shown to be subordinate to social factors such as the length of time away from work before surgery can be completed, general strength of the local economy (which permits or inhibits work by the spouse), and the economic input of work-related and/or societal disability compensation. Two interesting items are mentioned: (1) Patients frequently receive either direct or indirect signals from their primary physicians suggesting that return to work should not be attempted despite a perfectly successful operation, and (2) formal rehabilitation programs have a positive impact on the return to work. Both facts suggest that reassurance and a sense of safety is needed before a patient with borderline social and economic incentives will attempt to return to the workplace.

The information in *Return to Work after Coronary Artery Bypass Surgery* is not new or surprising, but its concentration in one easily reviewed volume makes the basic concepts and conclusions easily accessible and increases their impact. The data are important to round out understanding by internists, cardiologists, and cardiac surgeons. The information is extremely important for those in charge of planning social programs which involve disability income, timely cardiac surgical intervention, and support of postsurgical rehabilitation programs.

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New Developments in Cardiac Assist Devices, vol 6 of the Surgical Science series, ed by Safuh Attar, New York, Praeger, 1985, 208 pp, $30.00.

This 13-chapter book has only two sections with references to material as recent as 1984. Therefore, the explosion of information that has occurred since 1983 is not represented. All of the chapters dealing with mechanical support of the failing circulation are outdated. The centrifugal pump that is described is no longer commercially available. Also, the chapter about the Biomedicus pump presents concepts which are unsophisticated by 1987 standards.

Although chapters are written by many recognized experts, the quality of the text is inconsistent.

In addition, several sections are repetitious, and two of the chapters appeared previously in the *World Journal of Surgery.* Other extraneous information could have been deleted.

New Developments in Cardiac Assist Devices is an attempt to consolidate experts' views in 1984; yet the

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