

*Newton's Madness
Further Tales of Clinical Neurology*
Harold L. Klawans
Harper & Row, 1990
10 East 53rd Street, New York, New York 10022
ISBN 0-06-016256-2, \$23.95

There may be a few readers with a strong memory and a penchant for trivia who recall in these pages (December 1989) my favourable review of Dr Harold Klawans book, 'Toscanini's Fumble and Other Tales of Clinical Neurology'. Professor Klawans is back again, this time with 'Newton's Madness, Further Tales of Clinical Neurology'. In 22 highly readable chapters our academic neurologist tells us about an assortment of patients, clinicians and disease; each installment is guaranteed to be more interesting than whatever it was you were going to watch on the tube.

There's a major league pitcher with cluster headaches who ultimately wins two games in the World Series through the aegis of an unusual treatment scheme. There's a philosophy professor who couldn't even sign his name with his chic Cross pen; he suffered from dystonic writer's cramp which responded to a simple 50¢ plastic triangular sleeve that fits over the pen, making it much thicker and thereby alerting the writer's neuronal signals. (Klawans' surprise denouement at chapter's end was to announce that he himself used one of these pen sleeves to write more legibly. I decided to purchase one for my ultra-slim Swiss Caran d'Ache ball point. My penmanship improved markedly in a trice, almost to the point of legibility.)

There's the story of Scott Joplin, brilliant black composer whose career was cut short by G.P.I. – general parasis of the insane – which resulted from syphilitic infection. At the turn of the century G.P.I. was the most common cause of mental illness resulting in institutionalization. Klawans notes that fatal, epidemic diseases caused by sexual intercourse have been recognized for 500 years; since then health threats and moral preaching have little altered human behaviour and so his unsurprising conclusion is that we need more effective forms of prevention.

What of the title sketch concerning Sir Isaac Newton? This absolute genius had two periods in his life when he suffered insomnia, loss of appetite, loss of memory, tremor, melancholia, and delusions of persecution. Sir Isaac had a fascination for alchemy and conducted hundreds of experiments in the latter 1600's. He frequently worked with heated metals, particularly mercury, which becomes volatile and liable to rapid absorption through the lungs. Two of the historical sleuths investigating Newton's history were able to obtain locks of his hair and – presto – tests revealed large amounts of mercury. The 17th century's most brilliant figure suffered from mercury poisoning.

A young woman with Huntington's chorea literally danced all night due to excessive medication. An elderly Yiddish-speaking gentleman was found to have legs covered with round, red lesions, all approximately two inches in diameter. A host of hospital residents had prepared his differential diagnosis: Kaposi's sarcoma, vasculitis, syphilis, leprosy. Dr Klawans could see himself as the discussant at Grand Rounds until a sagacious dermatologist observed the patient. For two weeks the European oldster had been using the ancient remedy of cupping himself with a jam jar. Plans for a Grand Rounds appearance ended abruptly.

A morbidly obese woman had a partial gastric resection so she would eat minimally and lose weight. Thus begins a frightening tale which

ultimately led to a malpractice award of two million dollars. She began vomiting (the smaller stomach becomes overstretched and reacts) and didn't stop. The patient developed burning feet, imbalance, mental confusion and memory loss, finally sinking into a coma. Along the way her three doctors had ordered general lab tests, liver function tests, an EMG, an EEG, a CT scan, an angiogram and a spinal tap. All these tests were essentially negative and why shouldn't they be: the constant vomiting had starved her and she simply required vitamins, specifically thiamine. While she was still in a coma thiamine was administered by a medical student/extern who said he had been taught in medical school to give vitamins if patients had been on IVs for a week. Today the patient lives in a wheelchair, doesn't recognize her lawyer or her doctor and thinks it is 1967.

Dr Klawans doesn't discuss a lot of disorders seen by the chiropractic profession. What he does do is talk about patients and doctoring in ways with which the practicing chiropractor can readily identify. The medical acronym WNL means 'within normal limits'; he says it often means 'we never looked'. About Parkinson's disease, Klawans declares:

"No tissue can be biopsied during life to prove the diagnosis, there is nothing to be x-rayed, and no blood test will show up as abnormal. A diagnosis of Parkinson's disease depends upon the physician's skills of observing and understanding. Like beauty and many other human conditions, Parkinson's disease is in the eye of the beholder."

There's lots more. Klawans approach to writing is not prosaic; rather it is structured in a more heuristic manner. In any case, at \$23.95 *Newton's Madness* is not only good reading, it is good value.

Ray Sherman, DC

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Basic Biomechanics of the Musculoskeletal System 2nd edition

Margaret Nordin and Victor H. Frankel
Lea and Febiger, Philadelphia, London (1989)
ISBN 0-8121-1227-X
323 pp, RRP \$44.00 (Can)

This book is a revised version of the first edition published in 1980. Its purpose is to introduce health care practitioners, who deal with the musculoskeletal system, to basic biomechanics.

The text is divided into two main sections. The first one begins with a review of the microanatomy of tissues and how they react to the various external forces. By the end of this first section, the reader is familiar with basic biomechanical concepts, such as the viscoelasticity of tissue.

The second section of the text begins with a review of the kinematic (joint motion without applied forces) of each joint. It then discusses joint kinetics (study of joints under the action of forces). By the end of this second section, the reader is able to estimate, by calculation, the forces present in any joint. Learning is facilitated by the authors taking the reader through several examples, from the simplest to the more complex joints.

The language used by the authors is clear, comprehensible and devoid of abstract or vague terms. The uniform structure of one chapter to the other aids in the comprehension and the integration of the presented ideas. The many illustrations help to clarify and summarize ideas that may at first glance appear complex. The chapters progress according to increasing level of conceptual difficulty, thereby encour-

aging the reader rather than frustrating him. When further information is required, the chapters are well-documented with an exhaustive list of references. Furthermore, the authors add a list of suggested readings for those eager to learn more.

This second edition of Nordin and Frankel certainly belongs among the leading introductory biomechanical texts. In this reviewer's opinion, this book reflects an ideal compromise between the dry theory and the clinical application of basic biomechanics, and should be part of the personal library of anyone dealing with disorders of the musculo-skeletal system. Finally, this reviewer would not hesitate to recommend this work as a reference to any student who is learning about basic biomechanics.

In conclusion, this book successfully accomplishes its purpose by introducing the reader to basic biomechanics in a language that is clear, easy and pleasant to read.

Stéphane Lefebvre, DC

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Risk Management in Chiropractic

by Louis K. Campbell, J.D.; C. Jacob Ladenheim, J.D.;

Robert P. Sherman, J.D.; Louis Sportelli, D.C.

Health Services Publications, Ltd., 1990

Fincastle, Virginia

Since the 1970's, the world has been inundated with 'buzz' words. Language has taken on a new meaning with introduction of words and phrases such as 'user friendly', 'quality assurance', 'wellness', and 'CVA'.

One of the most pronounced of the 'buzz' words, and the one which permeates all professions is that of 'risk management'. Articles are written, books published and lectures given continuously on the topic of risk management. The newspapers are filled with horror stories of the verdicts given in malpractice cases.

For whatever reason might prove most important, it is imperative that chiropractors, like all health-care providers, practice their profession defensively. As a result, all chiropractors should give serious consideration to the contents of a new publication entitled Risk Management in Chiropractic.

The text is authored by three lawyers and a chiropractor, all of whom have extensive expertise in the area of chiropractic jurisprudence. Messrs. Ladenheim, Campbell and Sherman are all members of the National Association of Chiropractic Attorneys. Dr. Sportelli needs no introduction as a practitioner, author and leader of the profession.

The attractiveness of the publication, to a chiropractor, is based upon a number of factors. Firstly, the Table of Contents and Index are easy to follow. The chapters such as 'Protection Strategies in Office Procedures' and 'Abandonment: Snares and Pitfalls' are set out in a succinct form. The Protection Strategies (all 132 of them) are easy to understand and more importantly easy to apply to an established practice.

The second attractive nature of the text is the print. The format of the book is such that it should appeal to the practitioner as well as the chiropractic student. To suggest that the text is coffee table reading is to not do it justice. However, it is a far cry from publications with print so small or format so difficult to read that three of four rereads are required before the content and meaning become apparent.

A third attraction of the publication is the actual suggestions provided to the reader. This is not a philosophical text and the authors give no apologies nor lay any blame for the present state of litigation in health care. The text deals specifically with the problems and how to avoid them.

For the purposes of the Canadian Chiropractor there are chapters on litigation which may not be exactly anomalous to any particular provincial situation. However, any non-applicable sections of the text are so few as to be meaningless to the otherwise importance of the publication.

As an associate professor of jurisprudence at CMCC since 1976, I am delighted that there now exists a textbook for use by students in the area of risk management. This publication will become required reading for third and fourth year students.

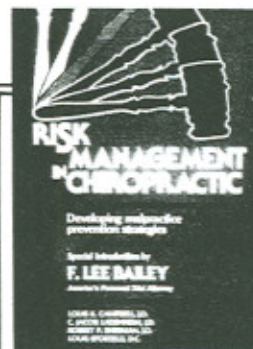
The students of CMCC entering third year have been told in jurisprudence class that there may be differences between legality, practicality, reality and morality. It is my opinion that Risk Management in Chiropractic might explain why and how these four principles work together within a chiropractor's office.

More than any lecture that I have attended, or any other publication which I have read, in this area, and whether a practitioner is a recent graduate or on the verge of retirement, Risk Management in Chiropractic is mandatory reading.

Allan M Freedman

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