limited value on its own. The first 37 figures are myelin preparations of transverse sections of spinal cord, medulla, pons, and mid-brain. These are unlabelled.

Figures 38 to 52 are myelin preparations of the right cerebral hemisphere reproduced from Jegersma. This is the most valuable section of the book as the gyri in most figures are labelled, unlike the original. The remaining nine figures are useful line drawings on which the levels and planes of the preceding sections are indicated, and a few labelled myelin preparations of horizontal and sagittal sections of the cerebral hemispheres.

MARION C. SMITH

ELEMENTE DER NEUROLOGIE By Rudolf Janzen (Pp. xxiii + 299; 49 figures; DM 48; \$12.00.) Springer-Verlag: Berlin. 1969.

Professor Janzen has written a book on neurology which is different. His object has been to condense his experience in clinical neurology and neurophysiology to produce a companion to neurological studies. Owing to its synoptic and dogmatic writing it is not an easy book to read, as the author admits. In fact, in the introduction he gives instructions as to how the book ought best to be used. In point of fact, the volume contains a concentrated account of the anatomy, physiology, and pathology of the nervous system, followed by a discussion of neurological symptoms and syndromes, the neurological examination, ancillary methods of investigation, and finally a classification of the neurological diseases. The emphasis throughout is on the logic of neurological diagnosis and treatment and those who can read German will find it an interesting and stimulating new approach to clinical neurology.

J. B. STANTON

ÉPANCHEMENTS SOUS-DURAUX CHRONIQUES DU NOURRISSON By N. Neimann, J. Montaut and J. Sapelier. (Pp. 208; 40 figures, 56.30 F.) L'Expansion Scientifique Française: Paris. 1968.

This is a useful review of subdural effusion in infancy, a term preferred by the authors to subdural haematoma and others, as they reject the widely accepted osmotic theory in favour of abnormal permeability of dural vessels. In their experience the most common first cause is traumatic, but other causes are discussed. For diagnosis they depend largely on transillumination, subdural encephalography, and EEG, having only limited experience of echo-encephalography and isotope scan techniques. Treatment is conventional. The numbers reviewed in each aetiological category are too small to permit a definitive statement on prognosis.

J. A. SIMPSON

DIE PROGRESSIV-DYSTROPHISCHEN MYOPATHIEN By H. Heyck and G. Laudahn. (Pp. xv + 436; 141 figures; DM 118; \$29.50.) Springer-Verlag: Berlin. 1969.

This volume provides a comprehensive and up-to-date review of the modern knowledge regarding the progressive muscular dystrophies. The various chapters deal with the clinical picture, the pathological histology, electron microscope appearances, biochemistry, and treatment of

the hereditary dystrophies and there are also sections on the distal and ocular forms and on myotubular, central core, and nemaline myopathies. The final chapter on clinical electromyography also includes the EMG findings in polymyositis and endocrine and metabolic myopathies. There is an excellent bibliography at the end of each chapter and the book, which is well produced, will be most valuable for German-speaking readers.

MICRONEUROSURGERY By Robert W. Rand. (Pp. xii + 224; 257 figures; 1 colour plate; 225s.) Henry Kimpton: London. Agents for C. V. Mosby: St. Louis. 1969.

Advances in operative surgery have almost always followed the introduction of some technique or equipment which was applicable in a wide range of situations. Anaesthesia, asepsis, blood transfusion, and electrocoagulation all served to transform the whole surgical scene. The '50s saw stereotaxis give neurosurgery a new dimension, and since then many surgeons have devoted time and energy to developing new machines for this 'blind' surgery. The '60s will go down as the beginning of microneurosurgery. Perhaps because it is a development of 'seeing' surgery, and, therefore, not so distinctly different from ordinary surgery, many neurosurgeons have been slow to see its advantages and have left it to the otologists, already familiar with the microscope, to begin invading the intracranial cavity up the nose and down the ear. The microscope calls for learning a new technique, and for a time at least puts the eight or ten hour neurosurgical operation back on the scene, just when the neurosurgeon had begun to live down the legendary theatre marathons of the 1930s. Yet the rewards of patience are considerable—indeed, they are what the neurosurgeon has always wanted, a method of being more discriminating in the sacrifice of functioning nervous tissue. The need to preserve function is what has always distinguished the neurosurgeon, who might sometimes envy the cavalier sacrifices safely made by his colleagues in removing legs, joints, and abdominal viscera with impunity. The microscope greatly enhances the neurosurgeon's ability to recognize functionally valuable structures, and so to preserve them. But not only a new technique, with new instruments, must be learnt but also a new anatomy—termed mesoscopic anatomy by one of the contributors to this book.

It is good to see this book written entirely by neurosurgeons, and their colleagues should read it. It begins at the beginning—with a description of the microscope and its care, and the instruments that go with it. It goes through the uses already made of it: acoustic neuromas, pituitary surgery, microvascular repair (mostly experimental so far), trigeminal rhizotomy, and spinal cord surgery. There are plenty of references, mostly dating from 1964 to 1967, although these should soon be out of date if the field expands as it promises to do.

W. BRYAN JENNETT

NEUROECTODERMAL TUMOURS OF THE CENTRAL AND PERIPHERAL NERVOUS SYSTEM By Konstantin Scharenberg and Leopold Liss. (Pp. 237; illustrated; £10.) Williams and Wilkins: Baltimore. 1969.