Book reviews

Neurological Surgery with Emphasis on Noninvasive Methods of Diagnosis and Treatment Edited by Raul Carrea. (Pp. 420; illustrated; \$85.00.) Excerpta Medica: Amsterdam. 1978.

This volume includes contributions presented at the Sixth International Congress of Neurological Surgery at San Paulo, Brasil, in 1977. Particular emphasis was placed on noninvasive methods in diagnosis and treatment. There are six sections, devoted to computerised tomography, nonoperative treatment of glioma, vascular lesions including cerebral and spinal arteriovenous malformations as well as cerebral revascularisation, spinal cord procedures for pain, psychiatric surgery, and cervical spine trauma.

The quality of original papers is generally high. Critical reviews by invited speakers provide a broader perspective in which to set the specialised contributions. Taken together they represent an up-to-date survey of current practice and of recent advances in selected areas of neurological surgery, which will be of use to postgraduates in many branches of neurology in addition to neurosurgery. The book is well produced, and the editors have achieved a high standard of accuracy and clarity in the published papers. However, the volume is expensive for what is neither a report of a specialist symposium on a single topic nor a comprehensive reference work.

DAVID G. T. THOMAS

Advances in Neurosurgery Volumes 5 and 6 Edited by R. A. Frowein, O. Wilcke, A. Karimi-Nejad, M. Brock, and M. Klinger. R. Wullenweber, H. Wenker, M. Brock, and M. Klinger. (Pp. 396; illustrated; price not stated.) Springer-Verlag: Berlin. 1978.

These books are based on papers presented at two meetings of the German Society of Neurosurgery. They rise above the usual level of such proceedings because each meeting focused upon two main topics. Thus, the first part of volume 5 (28th Meeting of the Society) is devoted to head injuries, and the

papers reflect current interest in epidemiology, prognosis, the recognition and management of complications, and the role of CAT scanning. Electrophysiological and biochemical methods of assessing patients are described but the papers do not present convincing evidence that these techniques add to conventional clinical and radiological tests. In the review copy the second part of volume 5 is marred by a printing error—pages 171–202 are duplicated and pages 203–235 are missing. The remaining papers deal with aspects of the investigation and management of patients with tumours in the posterior fossa. The plain CAT scan is reported to demonstrate 90% of these tumours. When intravenous contrast medium is given the positive rate increases to 96.6% and the combination of the CAT scan and clinical features are usually sufficient in children but angiography and ventriculography are still necessary in certain adults. Preoperative drainage or shunting appear not to solve entirely such problems as raised intracranial pressure and disordered CSF circulation but the papers on medulloblastoma do show that advances in operative and postoperative management have resulted in improved survival at this stage of management. By contrast, several authors are uncertain about the value of recent trends in radiotherapy and chemotherapy and express concern about their after-effects: one paper concludes “chemotherapy has its price.”

The 29th Meeting (volume 6) was held in conjunction with the British and Dutch Societies, and its themes were hydrocephalus and computer tomography. The papers on hydrocephalus are mainly concerned with the results of treatment by shunting and compare the complications of different procedures. There are reports from an impressive collaborative study carried out between no less than nine German centres and containing data on 1612 patients. Its results reinforce the view that ventriculoatrial shunting may be subject to less frequent, but more serious, complications than ventriculoperitoneal diversions. Another collaborative study shows that ventriculocisternal shunting

is sometimes followed by continuing raised intracranial pressure so that a high proportion fail in the early post-operative period. This operation should be reserved for patients in whom pre-operative tests have demonstrated that CSF absorption from the subarachnoid space is normal. This is not the case in many patients with the “internal” hydrocephalus associated with aqueduct stenosis. In the papers on CAT scanning the emphasis is upon its limitations as an indicator of specific pathology, in contrast to its undoubted reliability in demonstrating merely that some kind of abnormality is present.

The two meetings also contained free communications covering the whole spectrum of neurosurgery, and the picture the two volumes paint of contemporary German neurosurgery is an impressive level of activity, organisation, and collaboration. Inevitably, the view of the various topics is fragmentary, but many papers report valuable information not otherwise available in the English language literature, and every neurosurgeon will find something to interest him, to inform him, and perhaps to stimulate him to compare his own practice with that of the German neurosurgical community.

GRAHAM TEASDALE

Operative Surgery. Fundamental International Techniques — Neurosurgery Edited by Charles Rob and Rodney Smith. (Pp. 506; illustrated; £45.00.) Butterworths: London. 1979.

To describe an operation so that the reader experiences each movement as if through the eyes and mind of the writer, is a rare gift. Many accounts are little more than a superficial list of the steps in a procedure and convey as little about what is done, and how, as a theatre programme does about the events to unfold upon the stage. Previous editions of this well-known but expensive series have attempted to overcome this problem by adopting an almost pictorial approach but, although an artist's picture may be realistic and accurate, it may also fail to bring out

those vital features upon which a surgeon focuses his attention.

The third edition of the neurosurgical volume is under new management and is considerably improved. Most chapters have been revised, many new ones have been added, and there is a greater emphasis upon narrative. More than 80 operations are described, ranging from the mundane burrhole to sophisticated stereotactic, electrophysiological, and microsurgical procedures. Inevitably, individual neurosurgeons will disagree with points of detail but an important omission from a book aimed at surgeons in training is an account of the large question-mark shaped flap used to expose the frontal and temporal regions in a patient with an acute intradural haematoma. There is also undue emphasis on exploratory burrholes for head injury but a chapter on missile injuries is a good newcomer to this section. Other new chapters on neuroradiology and on chemotherapy for glioma are interesting but seem out of place.

The main faults of the book stem from it being the work of 46 authors: in spite of there being a three tier editorial responsibility, there are still considerable variations in the style of individual chapters, particularly in the quantity and quality of the text accompanying the illustrations. Another irritation is the repetitive yet sometimes inconsistent description of the craniotomy flap employed in each procedure so that it is easy for the beginner to become confused about their differences and similarities. The principles which guide the siting and the size of a flap for various operations are among the earliest things to be learned; the introductory chapter on the general techniques of craniotomy is certainly helpful but a section comparing and contrasting the varying approaches described in the succeeding chapters would be a useful addition.

The value of textbooks of operative surgery is debated. Successful examples are usually the result of a single-handed effort by one master teacher. Fortunately, some of the chapters in this book bear this hallmark and, despite its drawbacks, it should be in the library of every neurosurgical unit. The experienced neurosurgeon who wishes to extend his repertoire will find much to interest him, and surgeons in training will find it a

much greater source of information, guidance, and comfort than I found its predecessors.

GRAHAM TEASDALE

Clinical Neurosurgery Volume 25
Edited by E. B. Keener. (Pp. 734; illustrated; \$48.25.) Williams and Wilkins: Baltimore. 1978.

This volume continues the excellent traditions set by its predecessors. The honoured guest, R. C. Schneider, has provided thought-provoking chapters on anatomical correlations in hemisphere lesions and syringomyelia. The bulk of this long book is devoted to a comprehensive coverage of intracranial and spinal tumours and cervical and lumbar spine problems with realistic reviews of possible growth points. The political section documents the continuing sagas of malpractice and congressional control of research funds. The book's only flaw is its price.

J. D. PICKARD

Preoperative and Postoperative Care in Neurological Surgery Second edition
By Burton L. Wise. (Pp. 187; illustrated; \$13.75.) Charles C. Thomas: Springfield, Illinois. 1978.

As indicated in the preface to the first edition, this book is indeed a compromise between completeness, compactness, and readability. The poorly illustrated text provides a review of preoperative and postoperative care in neurosurgery, mainly pitched at the level of the neurosurgical resident and senior nursing personnel. Certain sections are particularly elementary in contrast to other parts, including the vast bibliography which is useful for a more advanced audience. That the fluid and electrolytes section is the best is not surprising in view of Dr Wise's reputation.

Omissions in this second edition include the absence of discussion of the controversy surrounding ventilation of head injuries, principles of the cerebral circulation, management of cerebral ischaemia, and the use of cimetidine.

This book is unique in the field it attempts to cover but the second edition cannot be considered a success.

J. D. PICKARD

Scientific Approaches to Clinical Neurology Volumes 1 and 2 By Eli S. Goldensohn and Stanley H. Appel. (Pp. 2040; illustrated; £150.00.) Lea and Febiger: Philadelphia, Henry Kimpton: London. 1977.

The advanced clinical neurologist is not well served by textbooks. There are some admirable books for beginners, with other longer established ones struggling hopelessly to absorb the flood of new clinical and scientific knowledge into a format unsuitable for critical evaluation. At the other extreme is the handbook of more than 30 volumes, always out of date before completion. Even this two volume work, which is not intended to represent a compendium of clinical neurology, has had the problem of time. In preparation since before Milton Shy's death in 1967, it has been necessary to provide addenda for many chapters. Clearly they will require updating in a very few years, a solemn thought when spending £150.

The approach is dominantly chemical and the section on metabolic diseases is outstanding and convincing, perhaps because it is still largely American. In other areas differences between European points of view are more prominent. The hydrodynamic theory of syringomyelia gets short shrift but the Joint Study of Extracranial Arterial Occlusion is accepted as a contraindication without a word of criticism, and it is asserted that specific indications for surgical treatment in various types of stroke syndromes have been identified. Subarachnoid haemorrhage is controversial: prostaglandins are only indexed in relation to migraine. The essay on hypertensive encephalopathy corrects common misunderstandings about symptomatology but still emphasises arteriolar spasm. On the other hand cerebral oedema and the blood-brain barrier are well and succinctly described.

The biology, regional diagnosis, and chemotherapy of cerebral gliomas are described, but not the role of CAT scanning. The CAT scan illustrating pituitary adenoma is extremely poor and the review of surgical treatment ends in 1967. The section on remote effects of tumours ignores disseminated intravascular coagulation syndromes and is extraordinarily tentative about the viral origin of progressive multifocal leucoencephalopathy.