recommended even though it has been prepared primarily for the North American market. In five sections it covers clinical neurosurgical physiology, pre-operative management, intra-operative management and post-operative management and complications. The basic science is excellent and clinical points of management together with explanations of intra-operative monitoring and positioning are well done. The sections about post-operative management and complications are presented in a practical and realistic way.

The practical concern for the outcome of the patient's surgical management and adequate rational scientific explanation for the conduct of neurosurgical practice are the two main principles on which this text has been based and account for its excellence. The author admits it is intended to be a supplement to the clinical training normally obtained in the course of a junior appointment in neurosurgery and the minor differences between American and European practice will be corrected by the experience.

CHARLES POLKEY

Migraine and its Variants. By George Selby (Pp 144; £16.95.) Bristol: PSG Wright, 1983.

There must be something in the air of New South Wales that produces excellent migraineologists. This is yet another book on migraine from Sydney, and is intended for general practitioners. There are seven chapters, most of which cover the usual ground of aetiology, pathogenesis and treatment. The outstanding chapter is the one on clinical features of migraine and its variants; the longest in the book, it reveals the very wide experience and interests that George Selby has shown for decades in this subject. He destroys several widely held migraine myths, for example, that unilateral headache is necessarily contralateral to the neurological symptoms. The book is worth buying just for this particular chapter alone though the others do provide useful reviews of current trends in migraine research.

When two "headachologists" meet there are bound to be at least two options, but cluster headache is no longer regarded as a migraine variant—there are just too many differences: in age and sex incidence, periodicity and response to lithium etc. Nor would I agree with his statement on page 11 "at the other end of the spectrum, stress contributes little to purely classical mig-

raine and hardly at all to cluster headache".

I can unreservedly recommend the book for family doctors, and indeed neurologists who want an overall view of the present state of the field.

F CLIFFORD ROSE

Epilepsy: Diagnosis and Management. Edited by Thomas R Browne and Robert G Feldman (Pp 376; \$38.50.) Boston: Little, Brown & Company, 1983.

This is a multi-author North American text book on the medical diagnosis and treatment of epilepsy. It is divided into 31 chapters covering basic mechanisms, seizure types, electroencephalography, clinical pharmacology of antiepileptic drugs and specialised treatments. Each page is divided into two print columns, the sections are short with frequent headings and the book is carefully edited with a constant style throughout.

The approach by the authors, most of whom are clinicians, is factual rather than anecdotal and the volume contains a useful pool of references to 1982. However, the attempt to provide comprehensive information, particularly about drugs, at times obscures those matters which are clinically important. The first ten chapters analyse the different seizure types and a subsequent group of ten examines the drugs used in treatment. However, there is insufficient space devoted to common management problems, and, as a result, the inexperienced physician would find it hard to gain instant expertise from reading this book. The experienced reader will, however, note considerable differences between American and European practice, particularly in regard to drug treatment. The only section which gives guidance about treating newly diagnosed patients (contained somewhat confusingly in a chapter on *pharmacologic principles*) does not mention sodium valproate for treating tonic clonic seizures. This drug is also omitted from the section on chronic prophylaxis of febrile seizures. The recommended treatment of status epilepticus is also substantially different, the authors preferring intravenous phenytoin over the benzodiazepines, and chlor-methiazole (which is not available in the US) is not mentioned.

It should be noted that the classification of seizures used is the 1981 ILAE revision, about which there is still controversy.

Although the word *management* appears in the subtitle of this book, the non medical

aspects of management are not well covered. The inclusion of a chapter on nursing management and resources available to patients was imaginative but the result is disappointing, as the former is only discussed in conventional medical terms and the latter only applicable to the USA.

In summary, although this is a highly competent reference book, it contains no new information and its format restricts its immediate usefulness in the clinical situation. With such a wealth of clinical experience amongst its authors, this is perhaps rather a pity.

JOLYON OXLEY

Controversies in Neurology. Edited by Richard A Thomason and John R Green. (Pp 173; \$48.98.) New York: Raven Press, 1982.

As the title indicates, this volume deals with topics in neurology and neurosurgery where at the present time controversy exists as to the most appropriate form of management. The book is sponsored by the Barrow Institute of Neurology of Phoenix, Arizona, and is the outcome of a symposium where many internationally known authors took part. The eleven chapters cover four broad fields of interest. Cervical disc degeneration and its neurological complications, and the management of malignant disease in the spine and in the head form the major part of the work. There are single chapters on the medical and surgical aspects of stroke prevention, and on the management of arteriovenous malformation and intracranial aneurysm.

There is naturally some variation in the form and content of the different contributions. Most are well argued and well researched, providing a great deal of substantiated fact to back their conclusions. For the neurosurgeon the section on medical versus surgical treatment of metastatic spinal cord tumours is probably the most important. More correctly stated, the question is whether surgery adds anything to the effectiveness of therapy with steroids and radiation. Based on their vast experience at the Memorial Sloan-Kettering Cancer Center, and using ambulation as the essential criterion of success or failure, Drs Shapiro and Posner conclude that the answer is "no". While conceding that a more suitable operation than posterior decompressive laminectomy might prove more effective, surgical complications at 10% represent a serious morbidity problem. They believe that the improved treat-