review of the methodology of sequential determinations of cerebral blood volume in man and only one study that examined the problem in man of the role of cerebral blood volume in intracranial hypertension following intracranial haemorrhage. The vulnerability of cerebral veins to injury following head trauma and following arterial occlusion is discussed together with the sequence of events that follows venous occlusion. The final section is devoted to some surgical aspects of the cerebral venous system including discussion of fistulae, thrombosis and the venous disturbances following removal of parasagittal meningiomas.

This book is a very useful source of reference to the literature on many aspects of cerebral veins but the great bulk of the work referred to has already been published in refereed journals.

JD PICKARD

Pain Measurement and Assessment. Edited by Ronald Melzack. (Pp 309; \$40.00.) New York: Raven Press, 1983.

Pain Measurement and Assessment is a book that will be of value to psychologists who work in Pain Clinics, and particularly to North Americans who are accustomed to the jargon in which most of the chapters are written. It will also be of interest to those who wish to know about the contribution of North American psychologists to the study of patients with pain. It includes a large number of contributions that examine the language which patients use to describe their pains.

Crawford Clark and JC Yang contribute a chapter on sensory decision theory, which is clear and convincing. Its argument that it is a necessary method in the laboratory is forceful. They quote evidence that even analgesic drugs alter the report criterion as well as the index of sensory discriminability: this fact has been neglected in most investigations of analgesic and other drugs.

The spatial pain charts introduced by MS Margolies are worth trying out. He calls them "a nonspecific, adjunctive diagnostic tool. They do not supplant the need for good clinical evaluation of the patient". But they may help evaluation and treatment.

Berthold Wolff contributes a well-written and important chapter on laboratory methods of measuring pain. There is also a thoughtful chapter comparing various ways of inducing pain experimentally

by GB Rollman. This paper is better than many in this volume as the author clearly knows and is able to assess the extensive literature on this subject. What comes out of his chapter is how at present there is little agreement on many aspects of experimentally induced pain.

The final chapter is on Ethical Consideration in Pain Research by Richard Sternbach. This is the most important chapter in the book. It concerns subjects extending far beyond its title, and it ought to be reproduced elsewhere, so that it reaches a much wider audience than it will in this book.

PW NATHAN

Dilemmas in the Management of the Neurological Patient. Edited by Charles Warlow, John Garfield. (Pp 285; £23.00.) Edinburgh: Churchill Livingstone, 1983.

Books on Recent Advances in . . . , Modern Trends . . . , etc. and Proceedings of Conferences with unedited and barely related papers roll off the press, often out of date by the time they appear. Peer group criticism follows and cannot influence the published text. This book has elements of both types but uses most successfully a new formula. A group of friends and colleagues met in Green College, Oxford, in 1982 to discuss a number of controversial neurological topics in turn. (One contributor refers to "deepended" controversies). Each speaker pre-circulated an abstract of his views and argued them for ten minutes. An invited discussant (from the group) then led a discussion and the chapter prepared for publication incorporated the constructive criticism. The result has been very successful and indeed enjoyable. This review is written a few days after receiving the request from the Editor as I found myself dipping into the book at odd times, including the lunch break. It is that kind of book, interesting, stimulating and informal as well as instructive. Naturally I did not agree with all the (presumably consensus) views: there would be no dilemma if practising neurologists were unanimous and their opinions soundly based. This collection of unrelated topics makes it quite clear that we rely on unsubstantiated theory, advocacy by "leaders of the profession", or the "what has been said three times is right" factor.

It is not practicable to criticise each of 26 chapters, and indeed they are all excellent, but readers require some indication of the

subjects covered. Three chapters on multiple sclerosis discuss the roles of spinal cord stimulation, immunotherapy and evoked potentials. Five on cerebrovascular disease discuss anticoagulants in prevention of cardiogenic cerebral embolism, surgery of cerebral haematomas, anti-oedema therapy, antifibrinolytics after subarachnoid haemorrhage, and timing of surgery for ruptured berry aneurysms. Then there are provocative chapters on the values of speech therapy for aphasia after stroke, ergotamine for migraine and the disadvantages of levodopa in which the authors' personal assessments challenge conventional beliefs. Should surgery be the first resort for involuntary movement disorders, when can anticonvulsant drugs be stopped, are prophylactic anticonvulsants needed for febrile convulsions in children, what is lumbar puncture headache and can it be avoided? These are four practical questions for the neurologist.

The neurosurgeon is asked to question the values of biopsy and any surgery for supratentorial malignant gliomas, the indications (if any) for operating in cervical spondylosis, degenerative lumbar spondylosis, chronic subdural haematoma, normal pressure hydrocephalus, trigeminal neuralgia, and syringomyelia. Is "aggressive" management of severe head injury justified ethically and economically? If any single thread runs through these chapters it is the clarion call for audits and the necessity for surgeons to recognise the need for adequately controlled trials even if they require randomisation. A thought provoking chapter by a statistician on the evaluation of treatment and the positive dangers of non-randomised trials, and pre-trial assessment of the power of a trial (a technical term), accounts for the continuing controversies about apparently well established treatments and makes it clear that no clinician, or even a small team, can have enough patients to recognise genuine treatment advances unless these are dramatic.

Absence of basic data is stressed by chapters on herpes simplex encephalitis (do we really require better anti-viral agents or are we ignoring the proximate pathogenesis?) and how much of the brain mantle is needed for normal development after infantile hydrocephalus? Even the best multi-centre trial is useless if the wrong questions are asked.

These are valuable essays on aspects of everyday practice which are subject to differing points of view because of poor medical auditing or incomplete knowledge. But