

quently inexperienced and untrained junior medical and nursing staff are left to cope with extremely difficult problems involving distraught patients and relatives. More time should be spent during the period of clinical training to deal with these matters.

The emotional stress, for all concerned, in providing for the paediatric patient is covered in the third section with an excellent chapter by Dr Fred Epstein on the Paediatric Surgeon and the Terminally Ill Child. He comments that in dealing with the terminally ill child "we are concerned human beings who are sharing life's greatest sadness with a grieving family. We must remain sensitive and responsive and assure a familial environment that will finally provide a measure of peace, comfort and tranquillity".

Radiological oncologists treating neurosurgical patients contribute section four. They examine the reactions of many of their patients who for the first time realise that they have cancer when they learn that they are to be treated with radiation therapy. Such a patient, who was a teacher, quoted Mark Twain when faced with this situation "Let us endeavour to live, that when we come to die, even the undertaker will be sorry" but then went on to comment "When you're dying, let's endeavour to live maximally so that even oneself won't be sorry." The problems of the staff are also emphasised and the need for support and counselling in their day to day management.

Section five discusses Supportive Care Services with chapters by nurses and social workers. An Intensive Care Nurse writes on Work with the Dying, Comatose Patient with an illustrative care where there was loss of confidence with relatives due to lack of communication between relatives and the care team. It also emphasises the unreliability of memory when there is emotional involvement. The other chapters in this section analyse the emotional reactions of the Caring Team in response to death and chronic invalidism.

In the sixth section, which examines Biosocial-Ethical Concerns, Dr William Sweet in a chapter entitled "Can We Recommend Deliberate Termination of Support in the Permanent Vegetative State" discusses the problems and relates the cost of continuing care of a patient in a vegetative state to resources available in the community. There are also chapters on the transplant donor and rehabilitation of the neurologically impaired patient.

Section seven is a chapter on Neuropsychological Input in Patient Care which concludes that "there are many post-neurosurgical patients whose subtle but dis-

ruptive deficits may be overlooked".

This is an interesting collection of experiences and thoughts, often profound, from many professionals involved with the less spectacular but equally demanding aspects of neurosurgical practice. It sets out to attempt to improve the care of critically ill neurosurgical patients and their families and to make the Caring Team more sensitive to their needs. It does so very openly and sometimes with candour and shows how it is possible to identify with many of the problems discussed. It is a well produced book whose royalties will go to The Foundation of Thanatology. It is well worth reading by all concerned with neurosurgical patients.

ALECE HOLMES

Cerebral Blood Flow. Edited by James H Wood. (Pp 792; £79.00.) Maidenhead: McGraw-Hill Book Co (UK) Ltd, 1987.

This is an extensive, multi-authorship book covering most aspects of cerebral blood flow including cerebrovascular anatomy, cerebrovascular physiology, methods of measurement (both clinical and experimental), imaging of the cerebral circulation, cerebrovascular pathophysiology and pharmacology, and the results of surgical intervention on cerebral blood flow.

The 42 chapters are well written and succinct. In spite of the large area covered, there are some surprising omissions. There is little mention of the link between cerebral blood flow and metabolism which surely deserved a full chapter. In the experimental methods section, only three methods (H_2 clearance, microspheres and autoradiography) are covered. Although these may well be three of the best methods for excluding extracranial contamination in the measured results of cerebral blood flow, an account of other techniques together with a review of the cerebrovascular anatomy of the commonly used experimental animals and the effect of anaesthesia on cerebral blood flow would have been of enormous benefit to would-be experimentalists.

However, on the whole this is a good and balanced book which gives an overall picture of developments in cerebral blood flow research up to 1985. The specialist research worker may find it of limited value, but it certainly deserves a place in the library of all clinical neurosurgical and neurological departments.

A MURRAY HARPER

Organic Psychiatry: The Psychological Consequences of Cerebral Disorder—2nd edition. By William Alwyn Lishman. (Pp 745; P/b £25.00; Cloth £45.00). Oxford: Blackwell Scientific, 1987.

Few authors have the satisfaction of producing a classic text, universally recognised as such, from the moment of publication. Such is the achievement of Professor Alwyn Lishman. The formula of *Organic Psychiatry* is simple and successful—consideration of the psychiatric manifestations of the whole range, both structural and physiological, of known cerebral disorder. The second edition follows nine years after the first and is the product of as much hard work as went into the first. Just under half of its 650 pages contain substantial updating of the subject material. Over 1000 new references are given. The chapter on dementia has been significantly revised. Movement disorders now rate their own chapter instead of being part of the chapter on miscellaneous disorders. Reference to virtually any neuropsychiatry disorder produces a balanced and authoritative account. As a bonus, the format of big pages is easier to read.

Although innovative, *Organic Psychiatry* is firmly set in the historical tradition that has embraced both psychological and neurological conceptions of psychiatric disorder, which is divided into two main categories, psychogenic and cerebral disorder, as described in the late Sir David Hill's foreword to the first edition. In this tradition, organic psychiatry is regarded as a relatively minor part of psychiatric disorder in general, that associated with known cerebral disorder. Professor Lishman deliberately eschews speculation on the contribution of cerebral disorder to the remaining "functional" psychiatric disorders. Every disorder described in the book, however, helps replace speculation by medical facts. The concept of functional psychiatric disorder will disappear but the facts in *Organic Psychiatry* will remain, and the cerebral disorder described is relevant to psychiatric disorder however precipitated. The author, with characteristic modesty avoids the far reaching implications of his work. Balanced with a more extensive account of the contribution of psychosocial factors to psychiatric disorder, this book provides a framework for the general psychiatric text book of the future.

DCG ROGER