Mandeville—the application of sterile operation theatre technique to repeated catheterization. Bors and Rossier now report that their research into the reflexes arising in the mucosa of the urethra and bladder and affecting the detrusor and the pelvic floor have led them to use the anaesthetizing of bladder and/or rectal mucosa to obtain micturition in some cases of paraplegia. Anaesthetizing of the urethral mucosa can be used to increase the bladder capacity, to relax the destrutor and the pelvic floor, and to diminish the amount of residual urine. The function of the sphincters of the anus and urethra in normal micturition was investigated and reported on by Allert and Jelasić. Electric stimulation was reported on by Burgele and Ichim from Budapest, Graber and Rutishauser from Basel, Potempa from Heidelberg, and Caldwell from Exeter. The Hungarian workers stimulate the pelvic nerves, Potempa stimulates the destrutor, and Caldwell the external sphincter of the urethra. These communications are followed by a report of the subsequent rewarding discussion.

P. W. NATHAN

PROGRESS IN BRAIN RESEARCH Vol. 30: CEREBRAL CIRCULATION Edited by W. Luyendijk. (Pp. xvi + 551; illustrated. 225s.) Elsevier: London, Amsterdam, and New York. 1968.

This volume contains the 70 papers which were presented at the Third European Congress of Neurosurgery, which was held in Madrid in 1967.

About half the papers are devoted to fundamental studies on the anatomy, physiology, pathology, and methodology of the cerebral circulation. The remainder deal with various aspects of occlusive vascular lesions and aneurysms and will be of most interest to the clinical neurosurgeon.

Many of the papers in the section on fundamental studies of the cerebral circulation will already be familiar to those who have read the reports of the international conferences on cerebral blood flow held in Scandinavia and elsewhere in recent years. However, the combination of basic studies and clinical papers which are presented in this volume should be of great value to the young neurosurgeon.

The volume is beautifully produced and the material is well presented.

A. MURRAY HARPER

OPEN MESENCEPHALOTOMY AND THALAMOTOMY FOR INTRACTABLE PAIN By B. Zapletal (*Acta Neurochirurgica*, Suppl. XVIII). (Pp. x + 119; 28 figures, 6 tables. DM 48, \$12.00.) Springer: Vienna and New York. 1969.

In this well-produced monograph Professor Zapletal gives an interesting account of his experiences in the surgical treatment of intractable pain during the past 20 years. He describes the current theories on transmission of pain impulses and the consequences of intractable pain on the patient. This is a fairly uncritical review and includes, without comment, certain theories which are now out of fashion, but the account of the anatomy and physiology of pain pathways will be of interest to anyone involved in this type of work and there is a comprehensive bibliography. For certain practical reasons stereotaxic

surgery has not been developed in this clinic and as an alternative an open infra-tentorial approach to the mesencephalon and posterior thalamus has been developed. The writer has used this technique in the treatment of extra-pyramidal disease and intractable pain but only the latter subject is dealt with in this monograph. Recent work on percutaneous cordotomy, which would almost certainly modify the writer's views on the treatment of intractable pain, is not mentioned. He reports the results of 24 open mesencephalic operations on 18 patients between 1955 and 1957. Fourteen patients between 1958 and 1960 were operated on by open mesencephalothalamotomy by destruction of the spino-thalamic tract at the junction of the mesencephalon and the thalamus. Subsequently, a total of 30 open thalamotomies for intractable pain on 22 patients were performed. The results described are similar to other series and certainly compare well with stereotaxic surgery. The immediate results of operation are gratifying, with an increasing incidence of recurrence with the passage of time, depending on the length of survival. A high proportion of these patients were in the terminal stages of malignancy. Professor Zapletal's view that the open operation, under direct vision, is more accurate than stereotaxic surgery is not altogether convincing and is reminiscent of the declaration that 'surgery is more of an art than a science.' However, this description of his experiences is well worth study and is recommended to all those interested in the subject.

JOHN HANKINSON

VIRUS DISEASES AND THE NERVOUS SYSTEM Edited by C. W. M. Whitty, J. T. Hughes, and F. O. MacCallum. (Pp. xii + 259; illustrated. 65s.) Blackwell: Oxford and Edinburgh. 1969.

This is not a textbook on viral diseases of the CNS, but it is an elegant survey of some of the advancing areas of knowledge about the role of viruses in neurology, with particular reference to herpes simplex encephalitis, 'slow' and latent virus infections, and subacute sclerosing panencephalitis. The book contains papers and discussions from a symposium in Oxford in 1968. It is strongly recommended for the insight it gives into many concepts which may be new to the clinical neurologist. It is very well produced, and a pleasure to read.

J. A. SIMPSON

DIE PERIODIK DER PAROXYSMALEN DYSRHYTHMIE IM ELEKTROENZEPHALOGRAMM By Helmut Künkel. (Pp. vii + 80; illustrated. DM.35.) Thieme: Stuttgart. 1969.

This book of 80 pages is very well printed with a considerable number of Tables and illustrations. The main problem is to understand why and for whom this book was written. The author presumes that the term paroxysmal dysrhythmia is a universally accepted entity. However, in his illustration of EEG features it is difficult to understand what should be included and what should be excluded of all the varieties of possible EEG changes. In the first four illustrations of EEGs there is no indication as to either electrode placement or montages. The Tables are very clear but it is difficult to understand their relationship to the main aim of the book.

The German terminology is difficult to understand as