Head Injury: Basic and Clinical Aspects (Seminars in Neurological Surgery series). Edited by Robert G Grossman and Philip L Gildenberg. (Pp 300; \$64.68.) New York: Raven Press, 1982.

This volume is based on the papers presented at the Fourth (1979) Chicago Conference on Neural Trauma. The Chicago Conferences, the first of which was held in 1966, have two objectives. The first is to promote interest into the exact nature of the events at the moment of injury and the subsequent responses to it, and second to apply this knowledge in the management of patients and hopefully improve outcome. This is a book for the specialist, though the more clinically orientated sections will have a wider appeal. The first chapter presents a general view of the head injuries and emphasizes that there is scope for better management. It offers a new classification of injuries which embraces the importance of the remediable surgical lesion and the very important notion that the interval between the injury and the moment when an injury is classified will affect the assessment of its severity. The importance of consistent classification of head injuries in terms of severity and correlating this with meaningful determinants of outcome is a recurring theme in this volume. Indeed, such measures are essential in order to compare the effects of different management regimes.

The next group of chapters encompasses the basic sciences and consider the cellular and biochemical responses to injury. Then follows a section describing experimental injuries under defined conditions. The scope, relevance and limitations of these findings, as applied to human injuries, are given consideration. Two presentations seem particularly thought provoking for their possible application to clinical practice, namely Post-traumatic Oedema in the Gerbil and the release of Endogenous Opiates following severe injury in the cat.

The final section is directed to clinical appraisal—comparability of data, outcomes, the factors which affect outcome, outcome and pathology and disorders of blood coagulation following severe trauma in children. The chapter on the correlation between the CT scan appearances and intracranial pressure clarifies to some extent the indications for intracranial pressure monitoring, but it of course assumes that CT scanning is generally available. Passing mention is also made of the significant hazards of intracranial pressure monitoring. As a non-invasive method of

assessment there is a chapter on the "Brain State Analyser", a device which extracts objective and quantitative features from the EEG, cortical multi-modal sensory evoked responses and brain stem evoked responses, but this device is a long way off being a useful tool for general use.

The book is well presented and the illustrations clear and the half tone prints excellent. For the general reader it is a pity that the Glasgow (Coma and Outcome) scales are nowhere explained, for without this data the uninitiated will find some of the content difficult to follow.

JOHN R BARTLETT

Injuries to the Head, Spine & Peripheral Nerves. Report of a Study and Report of the Study. BR Selecki, IT Ring, DA Simpson, GK Vandefield, MF Sewell. (Pp 218; price unstated.) Neurosurgical Society of Australia, 1981.

Trauma is the major cause of death under the age of 45 years. Most deaths in victims who survive to be admitted to hospital are due to head injury, and many of these are potentially preventable. Persisting disability after trauma is largely in those with head injuries, and much of this could also be prevented or reduced. It is therefore not surprising that, in the last few years, interest has been focused on various aspects of the epidemiology of head injuries in Britain, the USA and Australia. Only Britain is fortunate enough to have statistics routinely collected about deaths and hospital admission, classified by ICD codes. Elsewhere the accumulation of data has entailed a specific project, and this has necessarily had to be confined to a manageable population.

This is an Australian report, and it deals with NSW (population 5 million) and SA (population 2 million). It reveals a death rate from head injury more than double that recorded in Britain, with a rather higher proportion of victims admitted to hospital. Admissions to hospital (per 100 000 population) are not, however, as much in excess of UK figures as are deaths, and the case fatality is higher; this suggests that fewer mild injuries are admitted. The report deals with all neuro-trauma, including spinal cord and peripheral nerve. This makes it difficult in some sections to extract data about head injuries alone. Only 11% of admitted cases of neuro-trauma in Australia went to neurosurgical beds (5% of head injuries go to a neurosurgical centre in the UK); neurosurgeons did 60% of surgery for head injury but only 18% of

spinal cord injury and 13% of peripheral nerve injury. There is much useful data about place of death, distances and times involved in initial recovery of the victim and subsequent transfer to first and subsequent hospitals—a matter of particular interest in a country of the scale of Australia.

This is a careful and competent study which is of next interest for all developed countries—and for lessons too for the Third World where accidents have overtaken all other diseases as a cause of death under 40 years. It was thoughtful to produce a summary as a separate booklet, which contains all that most will want to read.

BRYAN JENNETT

Clinical and Basic Neurology for Health Professionals. By Kenneth R Magee and Joel R Saper. (Pp 297; £13.75.) London: Year Book Medical Publishers Ltd, 1981.

The term "health professionals" is unfamiliar in Great Britain but the aim of this book is to introduce those in the services ancillary to medicine to the neurosciences, and should be of value to the nursing profession, as well as to radiographers, physiotherapists, electroencephalographers and others. It is a very clearly written and well-illustrated book starting with an extensive account of the anatomy and physiology of the nervous system in a degree of detail which would seem to me to be rather too great. The authors say it is comprehensible to students not yet familiar with the nervous system but I feel they might become somewhat bemused by the complexities of many of the descriptions, such as the pre- and post-synaptic fibre systems. The chapter on differential diagnosis takes common symptoms in turn, and then lists all the diseases in which these may occur. This results in many lists, bearing a striking similarity to each other, and the reader might be forgiven for thinking any symptom might occur in any disease. I suppose they would not be far wrong. The chapters on individual diseases are very well done, especially the descriptions of multiple sclerosis, Parkinsonism, and other involuntary movements. Cerebrovascular accidents are also well covered, though the concept of ischaemia without occlusion, which puzzles so many medical auxiliaries, is not dealt with. It would also look as if CT scanning was added as an afterthought to vascular disorders. The chapter on brain tumours occupies just four pages, which is very strange when one thinks how much