Decision Making in Adult Neurology. By Leon A Weisberg, Richard L Strub, Carlos A Garcia. (Pp 256; £41.50.) Oxford: Blackwell Scientific Publications, 1987.

This book comprises a series of algorithms or flow charts (decision trees) which are aimed at providing a step by step method of diagnosis as part of a series on "clinical decision making." The format is a flow chart and on the facing page a brief description, a few short notes on some of the topics raised and two or three useful references.

A number of common neurological symptoms and signs are covered: these include headache (initial and chronic), facial pain, arm pain, tremor, weakness, dizziness, visual loss, memory loss and others. There are also sections on specific neurological conditions: for example transient ischaemic attacks (TIAs), completed stroke, subarachnoid haemorrhage, neuropathies, multiple sclerosis. It is not always simple to follow a specific diagnostic problem. For example a sudden episode of loss of consciousness, a very common symptom, requires the decision tree of a suspected seizure. This section includes cross reference to many types of seizure, and also to syncope, which has a separate section. The last includes disturbances of heart rhythm (not rate) but no mention of hyperventilation, which is only listed in the differential diagnosis of vertebro-basilar TIAs. There are some headings about lines of treatment but some are sketchy and, for example in trigeminal neuralgia, it might have been a useful adjunct to know how to proceed when medical treatment has failed.

There are a number of irritating spelling mistakes on the same page, discs and disks, truncal and trunkal. The book is expensive for its content and its rigid bulky size suggests it may lie on a shelf whereas in my view it would have been better aimed as a pocket aid.

It is difficult to get the balance between a simple flow chart that is easy to follow and one sufficiently comprehensive to cover the most likely outcomes. Too much detail will result in a very complex chart criss-crossed with lines. The authors have made a useful compromise and this will help clinical diagnosis and management.

T FOWLER

Disorders of the Pituitary. By George T Tindall, Daniel L Barrow. (Pp 498; £68.00.) Oxford: Blackwell Scientific, 1986.

The authors of this book are Professor and

Assistant Professor of Neurosurgery at Emory University in Atlanta. It is therefore no surprise that the book is written very much from the surgical standpoint and therein lies its strength and its weakness. Like all good surgical texts it begins with anatomy, in this case the anatomy of the sphenoid bone and associated structures. No doubt this is of crucial importance to young neurosurgeons, but for the physician it makes very turgid reading and the diagrams are depressingly similar to those in Gray's Anatomy. A later chapter on pituitary surgery, describing in detail the technique of the trans-sphenoidal approach contains equally little to hold the attention of the physician. If this criticism seems too carping one must add that this is the only text book of pituitary disorders which considers in detail the technical aspects of pituitary surgery, and will presumably be of considerable value to neurosurgeons in training.

It would, however, seem a pity if neurosurgeons attracted to the book by its surgical approach confine themselves to the remaining chapters for their view of the medical aspects of pituitary disease. Apart from an excellent chapter which provides a review of neuro-endocrinology by Professor JB Martin as an invited contributor, the two surgeons have decided to write the major chapters on endocrine presentation and investigation themselves. Inevitably perhaps, the result is a somewhat shallow and unbalanced view. The chapter on clinical and endocrine evaluation for example, is largely a list of baseline and dynamic tests of endocrine function, with little guidance to their relative value in the assessment of particular cases. Thus, in the investigation of acromegaly more space is devoted to the measurement of somatomedin-C levels than to the use of the oral glucose tolerance test, which in this country at least, forms the cornerstone of diagnosis. Physicians might also be surprised to find that hypertension and diabetes are dealt with rather briefly under the heading "associated medical conditions and metabolic disturbances in patients with acromegaly". The prognosis of acromegaly in particular is dealt with in a matter of ten lines ending with the rather lame observation that it is believed effective treatment may favourably influence mortality. No consideration is given to the effects of medical or surgical treatment on impaired glucose tolerance or hypertension as opposed to plasma growth hormone levels.

The bias towards surgical management is particularly evident in the chapter on prolactinomas. Whilst it is pointed out that there is a recurrence rate of micro-

prolactinomas following apparently curative surgery, that microprolactinomas only rarely enlarge significantly, and that sudden enlargement of microprolactinomas (in pregnancy) is extremely rare, the authors state with the characteristic conviction of their training, that trans-sphenoidal surgery is the treatment of first choice. Most neurosurgeons are in fact, increasingly aware of the wide acceptance that treatment with bromocriptine should be offered to patients with microprolactinomas in the first instance. Antipathy towards bromocriptine is highlighted deliberately by the authors with repeated references in italics to the fact that bromocriptine is not tumoricidal. The implication of course, is that bromocriptine must be given on a life-time basis and it is a pity that this is not balanced by reference to recent evidence that bromocriptine dosage can be substantially reduced if not totally withdrawn in some patients with both micro and macroadenomas. In their description of the surgical treatment of macroprolactinomas, on the other hand, the authors fail to do justice to the merits of surgical treatment. They have chosen to consider the results of surgery on the basis of the plasma prolactin levels, rather than putting the case for surgical decompression of the chiasm as a means of effectively restoring vision. No attempt is made, it is true, to conceal the fact that bromocriptine often produces dramatic shrinkage of macroprolactinomas but the authors fail to point out that this is by no means a universal response. The case for surgical treatment would rest more securely on the excellent results in terms of improved acuity as opposed to the fairly lousy results in terms of normal plasma prolactin levels.

An idiosyncratic view of pituitary disorders is also apparent in the chapter on empty sella syndrome. It is stated that uncomplicated primary empty sella syndrome requires no treatment, but this is followed by a description of a rather curious operation involving mobilisation of the flattened pituitary gland and propping it up with a piece of fat and a wedge of bone. The indications for this are not at all clear. The chapter on the radiology of pituitary disease on the other hand, is excellent. Finally however, a further criticism must be made. This is the absence of a chapter devoted to the neuro-ophthalmology of pituitary disease, which is dealt with in a very few pages together with two diagrams of standard visual field defects plotted on a Goldman screen.

This book can be recommended to those interested in the technique of trans-sphenoidal surgery in which both authors