Book reviews

recording system and localisation and polarity. There is an introduction to EEG reading and the normal EEG is described, but the chapter on abnormal EEG patterns precedes that on activation procedures. The chapter on evoked potentials is simply to give sufficient information for the reader to understand the topographical analysis of the E.P. Seizure monitoring and ambulatory EEGs also receive a chapter, but the reader is referred to other texts for the detail of work-up of epileptic patients for surgery. There are two chapters on topographical brain mapping, one on clinical use and the second on recommended standards and practice, both cautious and conservative in their approach.

The final chapter describes the EEG in clinical diagnosis and its relationship to other neurological tests, including computerised tomography, magnetic resonance imaging and positron emission tomography. A number of different clinical disorders are examined and the contribution of the EEG to the clinical diagnosis discussed. Readers of the glossary will be intrigued to learn that the "double banana" montage is the familiar 16 channel temporo-parietal AP montage.

The volume will be of interest to those responsible for training physiological measurement technicians and to those entering the field of clinical neurophysiology as it is refreshingly different to standard English texts, which it complements but does not replace.

D BARWICK

Fetal and Neonatal Neurology and Neurosurgery. Edited by M I LEVENE, M J BENNETT, J PUNT (Pp 618; £95.00.) Edinburgh: Churchill Livingstone 1988.

This handsome quarto volume is a major addition to British paediatric neurological literature and has my vote for the 1988 book of the year. The three editors have written several major chapters themselves and have succeeded in combining the contributions of the 55 other authors into a coherent book with a remarkably even and lucid standard of writing.

Its only major rival is JJ Volpe's "*Neurology of the Newborn*" (2nd edition, 1987), itself an important pioneering work, and one can detect that the new book stands to some extent on Volpe's admirable shoulders. The scope of the two books is virtually the same despite the differences in titles though Jonathan Punt's thoughtful surgical approach in the British book will be helpful to paediatricians in their collaboration over difficult decisions about surgery. After using

both for several weeks I have generally found Levene to be more clearly and less densely written and that the specialised expertise of its multiple authorship has the edge over Volpe's singlehanded and very scholarly alternative. One strength of the American book lies in its author's strong grounding in neuropathology, an aspect of training which is sadly lacking in British clinical neurology. However Levene and his colleagues have compensated more than adequately by recruiting Dr Beaugerie and Professor G Lyon from Belgium and Dr JC Larroche from France to write the sections on developmental abnormalities and the pathology of neonatal cerebral haemorrhage and ischaemia. Other contributors include 10 from Australia, 7 from the USA and Canada and 8 from Europe.

The standard of production of the book is generally high but there are some printing errors especially in the figures and legends; the ultrasound illustrations lack pointers or scales. The pictures are generally good but in the chapter on hearing defects the illustrations of the Treacher Collins, Klippel-Feil and Crouzon syndromes should have shown newborn babies; the older children's faces were of little help in this context. The index lets one down more often than it should.

D GARDNER-MEDWIN

Mild to Moderate Head Injury. Edited by JULIAN T HOFF, THOMAS E ANDERSON, THEODORE M COLE. (Pp 246; Price: £39.50.) Oxford: Blackwell Scientific Publications, 1989.

The consequences of major head injury are well recognised both as clinical phenomena and in terms of the late neuropsychological defects and the social handicaps they confer. Until recently, the more common minor and moderate injuries have received little systematic investigation. This 1987 international symposium held in Ann Arbor, Michigan, sponsored by General Motors (a praiseworthy, if vested interest) sets out to fill in this gap in our knowledge.

Henry Miller's conclusions that simulation, exaggeration and frank malingering were common features in those seeking judicial compensation were contentious and now often proscribed; the neglect of his clinical data and many similar observations made before and since, may have led to throwing out the baby with the bathwater. A scientific appraisal of certain litigants with trivial injuries whose symptoms and disabilities appear grossly in excess of those reasonably predicted by their head injury

should not exclude the multiplicity of readily understood human ambitions and aims which may make the common man or woman seek more money through the judicial process. Sadly, the preface opens: "Patients with mild to moderate brain injury have significant cognitive and behavioural problems for months after impact." This assumed bias pervades the whole of the text and is accepted uncritically—even in patients without a graze, bruise or any impairment of consciousness—by the contributors, many of considerable distinction.

The book is in five sections. The first deals with definitions, epidemiology, biochemistry, pathology and experimental brain injury. Part two briefly considers diagnosis, part three clinical management, part four rehabilitation and recovery. Part five, a valuable set of workshops summarises the same ground, but plans future "research agendas".

Despite the implied criticisms above, this work incorporates a vast amount of important data which is attractively presented. A Glasgow Coma Scale (GCS) of 13–15 defines mild or minor, one of 9–12 moderate injury. Age, alcohol and multiple injuries adversely affect prognosis. Patients admitted with GCS of 13–15 may develop serious and sometimes fatal complications, so that further tests of attention and verbal cognition in the acute stage may improve our powers of prognostication. Diffuse axonal injury is an important concept, but since very few patients die its clinico-pathological significance is speculative. MRI detects many lesions in patients with normal CT, and when lesions are shown by both, the MRI lesions are often larger: an indication of the limitation of CT. P³ latencies often used as an index of attention correlate with post traumatic amnesia.

I would strongly recommend this book to all those involved in the assessment of head injuries as a source of data and reference, and as a statement of contemporary views. It is salutary however, to see how widely critical analysis is sacrificed at the altar of the proof of universal organicity. Time may show that the pendulum has swung too far from the opinions of Henry Miller.

J M S PEARCE

Neurological Examination in Clinical Practice 5th ed. By EDWIN R BICKERSTAFF, JOHN A SPILLANE. (Pp 371; £39.50.) Oxford: Blackwell Scientific, 1989.

It is difficult to know what to say about a book such as this, as it has shown itself to be of proven worth having reached a fifth

edition since it first came out in 1962. However, as the book has undergone some significant changes it is perhaps worth commenting about its role and present value in the current climate of neurology.

In this edition the original author has adopted a younger colleague and he modestly writes that having repeatedly revised and rewritten a book over more than a quarter of a century "one realises one is getting a bit long in the tooth and new blood needs to be infused into its veins". As the authors say in the preface there are few changes in the technique of neurological examination but the interpretation of findings on examination and the relative importance of certain physical signs have significantly altered, as, methods of investigation during the past few years have shown considerable advance. How then does the book measure up in the light of these advances?

It begins with some introductory chapters describing the approach to the neurological patient, the equipment required and the techniques of taking a history and performing an examination. In general these chapters are excellent and there are few comments to make. The photograph depicting the instruments required for a neurological examination is probably unnecessary and certainly it shows its age with a very ancient looking ophthalmoscope. In the section on reflexes there is included the cremasteric reflex which most people find unhelpful and yet there is no comment on the diagnostically more valuable bulbo-cavernosus reflex. Though the latter reflex is only rarely performed it can be of considerable value in the assessment of a patient with impotence. I was also somewhat surprised to see tonic neck reflexes mentioned which in adults are excessively rare and of no diagnostic value.

There are separate chapters on the assessment of certain specialised areas of examination including the assessment of the unconscious patient, the assessment of speech, apraxia and agnosia, and a separate and important section on the autonomic nervous system. Again, in general, I found these informative and full of common sense. In the section on the unconscious patient equal emphasis is given to radioisotope scanning, electroencephalography, echoencephalography and computerised axial tomography and this in the modern era is surely somewhat unbalanced. I personally would like radioisotope scanning of the brain to be abolished completely as it usually simply confirms one's suspicion that the patient has something wrong with his brain but does not tell you what it is.

A new chapter entitled "Towards a Balan-

ced Attitude" is included and this looks at the why's and wherefore's of performing a specific investigation in a particular patient. This is a difficult area and the section in my view adopts a sensible attitude. However, I think it would have been appropriate to have a section on the investigation of old people. This is a difficult and controversial area and the investigation of subarachnoid haemorrhage, dementia and epilepsy in old people needs careful thought and surely is worthy of mention.

The final sections are concerned with investigations and these sections have been expanded to include comment regarding magnetic resonance imaging (MRI) and positron emission tomography (PET). The latter is certainly an interesting technique but most unlikely ever to provide useful clinical information for those of us in the average neurological practice. The section on neurophysiological techniques covers the standard tests available for routine use and includes a section on evoked potentials. I was surprised, however, to see no comment regarding single fibre EMG as this is now a well established technique. The appendices contain some helpful summaries of components of the neurological examination though there is an error in appendix D "The Glasgow Coma Scale".

Despite what I regard as the minor quibbles above this is an excellent book and one to be warmly recommended to those in neurological training. Like Bryan Matthews' book "Practical Neurology", it is a volume that most neurologists will wish to own and most of us, I suspect, would have been proud to write.

NEF CARTLIDGE

Surgery of the peripheral nerves. (Piccin Surgical Techniques Series—Vol. XIV). By G MORELLO and F PLUCHINO. (Pp 392; £136.00.) Published by Piccin Nuova Libreria (Italy) U.K. Distrib: Gazelle Book Services (Lancaster) 1989.

The bold type and full page colour drawings make this an immediately attractive book. It is Volume XIV of the Piccin Surgical Technique series originating from Italy. The text has been translated into English producing occasionally odd phraseology, and such variations as the use of "neurinoma" for neurilemmoma. The basic message is clear and in association with most lucid colour illustrations of the detailed structure of peripheral nerves the text clarifies the need to use accurate micro-suture of the perineurium of

individual fascicles for nerve repair rather than crude apposition of the epineurium.

The account of traumatic peripheral nerve lesions and regeneration follows the classical work of Sunderland and Seddon. There is a small section on peripheral nerve tumours but the majority of the volume is devoted to the details of micro-nerve suture and then a series of beautifully illustrated exposures of individual peripheral nerves provides a valuable reference book for the surgeon heavily involved in this type of work. It is more questionable as to whether or not this particular highly technical specialisation is part of neurosurgery or orthopaedic surgery but there is certainly a valuable place for its development by someone in any area concerned with trauma patients. For such surgeons this book is a welcome and admirable volume.

GORDON BROCKLEHURST

Topographic Brain Mapping of EEG and Evoked Potentials. Edited by K MAURER. (Pp 576; DM198.00 H/b.) Berlin: Springer, 1989.

The impetus for this book and sharing its title was an international symposium held at an unmentioned date in Wurzburg, West Germany. The volume is the ultimate in brain mapping. The author of each of the 55 chapters is the relevant world authority on the subject. Therefore, it is definitely not merely an ego trip when they refer mainly to their own work in the reference list following their chapter: it is sheer necessity. Who else to quote but the unique expert in the field?

It is the *dernier crie* in brain cartography. However, one cannot easily avoid the feeling that the great wealth of data was obtained, rather was "caught" and described almost *statu nascendi*; and here lies the strength as well as the weakness of the book. A spirit of immediacy, enthusiasm, marvel and delight emanates from the pages, rooted no doubt in the vast unexplored fields and the potentially wonderful avenues waiting to be discovered. This spirit is comparable to that of the pioneers who had set out to build the new discovered continent; or, closer to home, reminiscent of the spirit of Adrian, Greaves, Walter and the other pioneers of the EEG half a century ago.

Papers written by such personalities as Lehmann, Petsche, Duffy and Desmedt are truly statesmanlike, exposing theories, guidelines, interpretations, warnings and pitfalls, past and future. Bordering on philosophy these articles are gathered under the collective title "State of the Art" conveying masterfully exactly that. The methodology