Surgery of Cranial Base Tumors. Edited by L N SEKHAR and I P JANECKA. (Pp 870 Illustrated; Price: \$281.50). 1992. New York, Raven Press. ISBN 0-88167-877-5.

This lavishly produced and beautifully illustrated book fulfils a distinct need for a comprehensive reference book for the extraordinarily difficult subject of skull base tumours. The level of expertise contained within here is truly impressive. The work is directed more towards tumours of the skull itself than of the basal part of the brain and such matters as pituitary tumours and brainstem and hindbrain lesions are not covered. Likewise the intracavernous region is not so well covered as by Dolenc. The prolixity of authors would be annoying if a comprehensive and brief account was sought, but the very repetition of sections describing the approaches to the more inaccessible parts of the skull base means that there is a plenitude of description available which illustrates the possibilities and difficulties of surgery in this area with great clarity and thoroughness brought about by this overlap.

The illustrations in particular are excellent and evidence of the care which has gone into the production; this book illustrates of itself the care which has gone into the management of so many difficult patients who have so much to gain from expeditious and careful modern management.

The biology of the tumours and their response to radiotherapy is also discussed so that this is much more than a text book of operative surgery. The complications are dealt with straightforwardly without any concealment of the difficulties.

To an Englishman reading this it illustrates yet again, if such were necessary, the parlous state into which British neurosurgery has fallen in comparison with other developed countries due to chronic underfunding. Most British units are just not able to provide the instrumentation, manpower or the necessary time for each patient to reach the standards of care that modern neurosurgery should be able to achieve.

This volume illustrates the standard which can be achieved. In short it is an excellently prepared volume which should have a place in the library of every neurosurgical unit.

B WILLIAMS

The Neurology Short Case. By JOHN GL MORRIS. (Pp 84; Price: £8.99). 1992. Sevenoaks, Edward Arnold. ISBN 0-340-54923-8.

Membership candidates are intimidated by the prospect of facing their examiner over a neurological case, even though they may be reassured that the neurological expertise of their examiner, if he or she is not a neurologist, may be as marginal as their own. Neurology, to the joy of those who practice it, is a really clinical specialty for all the wonderful imaging technology and sophisticated neuroscience with which it is now embellished. However to those without experience of the rough and tumble of a

neurology clinic the neurological examination invokes an image of intimidating complexity. Clinical neurologists still feel a bit ashamed of the short cuts which we all use, 'macros' which speed our path through what seems like an impossibly complex anatomy to the diagnosis. The MRCP short case is a discriminating test of a trainee clinician's clinical sense, for which book reading is a pale substitute for hands-on experience.

In this context John Morris is to be congratulated for producing this slim (84 pages) instruction manual for the neurological tyro, brimming with clinical wisdom. A discriminating way of judging any book on neurological methods is to see how obsessively sensory testing is worshipped. Morris immediately convinces by starting his section on sensory testing with a blunt announcement that this "...is the least reliable aspect of the examination." All neurologists know this but false positive sensory signs are the non-neurologist's favourite red-herring. The commonly used screening tests of examination (outstretched arms with the eyes closed) are given long overdue respectability. The major part of the book consists of chapters devoted to neurological signs (ptosis, foot-drop, gait disturbance) in note form with perhaps slightly disappointing illustrations. A star feature of each chapter is a 'Hints' box, listing pearls of clinical sense. Here are some of the most useful neurological 'macros', like "testing brachioradialis is the key muscle to test in a suspected radial palsy" and "always consider myasthenia gravis when weakness of eye movements cannot be readily fitted into a 3rd, 4th or 6th cranial nerve palsy (and even it can)". Neurologists will welcome exhortations not to overdiagnose facial palsy and 'positive Rombergism', although it was probably a mistake to mention hypertension as a cause of Bell's palsy in children. In fact these 'Hints' could be bound together for the use of non-neurologically trained physicians even after leaping the hurdle of MRCP. Certainly I will recommend it to MRCP (and even MB) candidates sweatily contemplating their neurological short case. Non-neurologist examiners may find this book as helpful as their examinees.

CMC ALLEN

Epileptic Syndromes in Infancy, Childhood and Adolescence. 2nd Edition. By J ROGER, M BUREAU, CH DRAVET, F E DREIFUSS, A PERRET and P WOLF. (Pp 418; Price: £51.00; US\$ 102; FF 510; L. 117,00). 1992. London, John Libbey & Co. Ltd. ISBN 0-86196-320-2.

There are now some thirty well defined epileptic syndromes. Their definition has greatly clarified the practice of those who treat young people with epilepsy. By bringing greater diagnostic precision, it has allowed not only a more accurate prognosis to be given but also produced clear indications both of anticonvulsants of choice as well as anticonvulsants to be avoided. Two of those with clear genetic implications have achieved further biologic validity by gene localisation.

This very considerable achievement grew

in large part from the consensus achieved at a workshop held in Marseilles in 1983. From this derived the first edition of this book in 1985. This has come to be recognised as a landmark in the subject forming the basis for a range of clinical and genetic studies. Happily most of those participating in the original workshop are still active in the field. They have brought up to date their respective chapters incorporating references to 1992 as well as their own further experience. As before, the syndromes are ordered by the most likely age of onset, a system which works quite well although some overlap is inevitable. This nosological field is one in which treasure still lies buried. A few "new" syndromes have been added; space might have been found for more—such as audiogenic seizures, the nocturnal form of benign childhood epilepsy with occipital spikes and the periodic spasms of Gobbi. EEGs are notoriously difficult to reproduce.

Although not pretending to be a text book of epilepsy, it will be as indispensable a reference as was its predecessor. No one treating young people with epilepsy can afford to be without it."

RO ROBINSON

Lumbar Disc Disease. 2nd Edition. Edited by RUSSELL W HARDY, JR. (Pp 362, Illustrated; Price \$156.50). 1992. New York, Raven Press. ISBN 0-88167-951-8.

'Lumbar Disc Disease' is the most authoritative account of this subject I know. It surveys current knowledge embracing such diverse topics as the history of sciatica, the anatomy of the lumbar spine, the epidemiology of disc disease, the treatment by manipulation, medical management, compensation back pain, and computerised decision making. However, as one might expect from a surgical editor the sections on the clinical and surgical aspects are excellent. Perhaps it is invidious to mention individual contributions, but personally I enjoyed Charles Fagar's didactic approach to surgical treatment based on his huge experience, as well as Hudgins's chapter on micro-discectomy. Inevitably in this age the book ends with 'medico-legal implications' which I also found a fascinating insight into the pressures that our transatlantic colleagues have to operate under. Furthermore, did you know that a sentence of death upon the doctor could be rendered when a patient died under Persian or Egyptian law and more recently (1490) Ivan the Third of Russia beheaded a physician who unsuccessfully treated his son?

I think this is a wonderful book: it is conceived from a union of mainly neurological surgeons and orthopaedic surgeons, making the point eloquently and forcefully that good practice requires cooperation from these two specialties. It is remarkable how much depth and breadth is encompassed in 350 pages and I congratulate the Editor on wielding 31 chapters and 39 contributors into such a fine book with remarkably little repetition, deviation or hesitation. I rate this as a definite 'buy' for those involved in the lumbar spine—and who isn't these days?

CBT ADAMS