Book reviews

EPILEPSY AFTER BLUNT HEAD INJURIES By W. Bryan Jennett. (Pp. 160. 21s.) London: William Heinemann. 1962.

This is an important piece of medical research resulting from the intelligent study of carefully kept case records, and it is unfortunate that such work does not enjoy the scientific status of that involving the use of animal experiment, the test-tube, or the cathode ray oscilloscope.

The book opens with a stark quotation from Kinnier Wilson. 'It has been asserted almost universally that trauma may cause epilepsy; I have never been able to understand why'. Some will want to make sure that the great man really said this, and in what context, but no reference is given (nor is there one for the quotation from Samuel Johnson over the page). Wilson's paper (*J. Neurol. Psychopath.*, 4, 133, 1923) is in fact well worth reading, not least because it serves as an introduction to the welter of contradiction that confronted anyone who, between the wars, sought information about traumatic epilepsy. The earlier surveys of largely meaningless figures have only in the past 10 years given way to statistics reasonably considered: Russell and Whitty have analysed the epilepsy of penetrating brain wounds and the late lamented Gilbert Phillips studied that resulting from closed head injuries, both of the 1939/45 war. The separation of these two main groups of traumatic epilepsy was itself an important step forward. Mr. Jennett has seen fit to reject four-fifths of the 500 publications he consulted because, usually, of 'some serious deficiency in the information given about the series reported'. Among these were, it seems, the papers on which Kinnier Wilson based his view of traumatic epilepsy.

In this book, the author has shown, relatively simply and so far as it is statistically permissible to do so, the influence of various factors on the incidence of epilepsy following blunt head injuries only. This is necessarily rather grim reading, although less so than it might have been, and one just has to get down to it. Afterwards, the reader may refresh himself with the elegance and persuasion of Kinnier Wilson's prose, and reflect, forty years on, upon two things. First, on the possibility that *ex cathedra* utterances, from professorial, editorial, or whatever kind of chair, may be instrumental in retarding rather than advancing medical knowledge, and, second, on the kind of industry necessary even to start unravelling this sort of problem—an industry shown by the present author, a surgeon, to whom many will be indebted for a long time.

JOHN POTTER

MORPHOLOGISCHE ASPEKTE DER EPILEPSIEN By J. Peiffer. (Pp. 185; 29 figures. DM. 48.) Berlin: Springer-Verlag. 1963.

This monograph reports the post-mortem findings in 362 cases in which epilepsy was a prominent clinical

feature studied in Munich between 1939 and 1955. As might be expected, a vast number of organic disorders may at times cause convulsions. The list of references takes up one-fifth of the whole volume.

LES CRANIO-PHARYNGIOMES By J. Rougerie and M. Fardeau. (Pp. 218; 40 figures and 19 tables. NF. 45.) Paris: Masson et Cie. 1962.

This report to the French Neurosurgical Society concerns 25 patients subjected to operation. Its object is to clarify the various clinical patterns of presentation, the technical difficulties of removal of the tumour posed by its anatomical relationship, and the complications which may be encountered. Analysis of the long-term results of partial removal or of other palliative measures led Dr. Rougerie to attempt whenever feasible total removal, and he was encouraged in this by the experiences of Kahn and of Dott. Total removal nearly always involves endocrine disturbances and it is only with the availability of modern endocrine replacement that radical surgery in this field has become practicable.

According to their situation, the tumours are divided into two groups: 1 Pre-chiasmal, of which there were 13: on four a partial subfrontal removal was carried out with one early death, and two later; in two a transphenoidal operation was performed with good results; in eight a subfrontal (believed) total removal was performed with one early and one late death. 2 Retro-chiasmal, 12 cases in which the tumour in part or wholly occupied the third ventricle: in five, palliative operations were performed (including Torkildsen's procedure) without any early post-operative deaths; three patients have lived for many years in states of reduced activity, and two have been lost sight of and are assumed dead; in seven, an attempted total removal was performed by a transventricular approach, with only one early post-operative death, and two patients dying later.

In comparing the results of palliative and of radical surgery, the authors make a very fair and cautious summary of the various factors, not minimizing the difficulties and dangers of radical operation, and point out that only a longer period of follow-up will prove whether the tumour was in fact entirely removed. The functional results in patients who survived the radical operations were much superior to those with partial removal. Perhaps the most interesting feature of the monograph is the description of post-operative disturbance of water and electrolyte balance. Very careful biochemical studies were made, and some cases are quoted in detail; certain patterns of disturbance could be detected.

Although this review concerns a relatively small number of patients, they have been studied and reported so carefully that every neurosurgeon will find it helpful. The authors are to be congratulated on their skill and on their book.