Book reviews

PRIMARY INTRAMEDULLARY TUMORS OF THE SPINAL CORD AND FILUM TERMINALE By J. L. Slooff, J. W. Kernohan, and C. S. MacCarty (Pp. viii + 255; 81 figures. 94*s*. 6*d*.) London: W. B. Saunders. 1964.

Specialists in all fields have multiplied so exceedingly in the past few decades that monographs on tiny portions of specialized fields now appear in a steady stream from the medical presses. We are apt to presume that the gross basic facts in such fields are established, wellknown, and fully authenticated, and that the purposes of the monograph is to round off the corners, fill in the details and review the general implications of the small amount of knowledge so painstakingly presented. This is what many monographs do, with more or less success. Only infrequently do the authors set about re-examining the main facts of their subject. In this work, however, devoted to intramedullary spinal tumours, forming, apparently, only 0·0152 per cent of gliomas of the central nervous system, the basic facts about this group of tumours are re-examined with great care.

I wonder how many neurosurgeons, or neuropathologists, could give an accurate estimate of the natural history of an intramedullary glioma. Assuming that the complications of paraplegia *per se* can be overcome, I think that most of us would assume that spread from the cord into the brain-stem, or subarachnoid metastases would bring about demise sooner rather than later. In fact many have contemplated or carried out cordectomy to prevent this event. We would be wrong; only a small percentage of cases in this series suffered such an end and this, perhaps, is the most valuable fact to be derived from this work. It comprises a review of 301 primary tumours of the spinal cord and filum terminale, rightly considered as part of the cord, and dates back over 40 years of work at the Mayo Clinic. Even assuming that in the early decades of this period, most patients died of the complications of paraplegia, the incidence of death from intracranial spread is surprisingly small.

The different tumours are considered seriatim, and tabular records of every case history are given at the end of the book. Two of the three authors are neuropathologists, and therefore it is natural that considerable space is devoted to the gross and microscopic pathology of these tumours and to a discussion of gliomas in general. Dr. Kernohan, with others from the Mayo Clinic, was responsible for producing a simple and acceptable classification of gliomas in 1949 and this system has been used widely throughout the world since. Not the least valuable part of this book is an up-to-date restatement of this system, slightly modified, which has stood the test of time so well. A chapter giving detailed post-mortem findings in 33 cases is hardly less valuable, though in many the examination seems to have been confined to the spinal cord.

Two other outstanding questions in connexion with these tumours are dealt with, papilloedema in cervical tumours and syringomyelia in association with spinal tumours. The former is dealt with only briefly and no new light is thrown on its aetiology. The presence of cavities in the cord in association with tumours is considered in greater detail, but again the conclusions are indefinite.

The book is excellently produced in type easy to read and the illustrations are good. Many of the histological preparations are of too low a magnification to be really useful but this, presumably, is not the fault of the publishers. The authors have not solved the age old problem of presenting percentages in a readable fashion. To say that '92 per cent of these tumours had so and so' may appear 'scientific', but, for instance, 'most of these tumours . . .' says the same thing in a simpler and more easily assimilable manner. Percentages could, perhaps, be relegated to the tables.

It is, surprisingly, a readable book and should be read by all likely to encounter these tumours, but not, perhaps, through from cover to cover. All the relevant facts are presented in an excellent summary of three pages and the sections on histology should be read for their clarity and for the distinction of the authors. A short browse through the remainder of the book should suffice and then it may be placed on the shelf for future use. Reference to it thereafter might well be frequent and valuable, for every neurosurgeon faced with a doubtful diagnosis in the wards will want to gain confidence and reassurance from its pages.

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RADIO-ISOTOPES ET AFFECTIONS DU SYSTEME NERVEUX CENTRAL By Therese Planiol. (Pp. 106; 74 figures. F.36.) Paris: Masson et Cie. 1965.

In September 1963, a one-day conference was held in Strasbourg under the auspices of the World Federation of Neurology, and it dealt with the use of radioactive isotopes in the diagnosis of disease of the central nervous system. Work was reported from France, Germany, Italy, and the United States and is now published in this book.

In the usual method, radioactive material is injected intravenously and can be subsequently detected in excessive amounts in tumours and other lesions either, it is argued, because of increased vascularity in them or because their vessels are abnormally permeable. The dose of radioactivity is small, there need be little disturbance to the patient, and the examination may take only 15 minutes. It can be done as an out-patient procedure, and it is said that if this examination and an E.E.G. are both negative further investigation of patients presenting with fits is unnecessary. Its use in conjunction with angiography to determine the pathological diagnosis is also described. Radioactive material is injected in some centres into the ventricles, the cisterna magna, and the lumbar theca to demonstrate the ventricular system, the cisterns, and the spinal canal. This book gives a useful survey of the work of a varied group of experts in this subject.