

other authors where a large number of references must be given.

This book should certainly be in every medical library and can be enthusiastically recommended to workers in the field of hereditary disorders.

RICHARD L. HEWER

**CEREBRAL VENOUS THROMBOSIS WITH SPECIAL REFERENCE TO PRIMARY ASEPTIC THROMBOSIS** By R. M. Kalbag and A. L. Woolf. (Pp. xii + 280; illustrated. 126s.) Oxford University Press: London. 1967.

This book is built around clinical and pathological observations on 30 cases of intracranial venous thrombosis including neonatal, infantile, and adult cases. Since the series contains examples of most conditions causing or associated with such thromboses, the result is a reasonably comprehensive survey of the subject. There is no mention of oral contraceptives and cerebral thrombosis. There is a chapter on the embryology of the intracranial veins which is an abridged version of the paper by Padget (1957), and a useful chapter on the normal anatomy of the venous drainage of the human brain.

SABINA J. STRICH

**THE MANAGEMENT OF HEAD INJURIES** By W. Lewin. (Pp. 318; 113 figures. 60s.) Baillière, Tindall and Cassell: London. 1966.

This is an important addition to literature on the treatment of head injuries and may be recommended to every Accident Service. Every page is consolidated by the author's wide experience and his advice is thoughtfully and clearly presented. The over-dogmatic comment is refreshingly rare, but retrograde amnesia is not 'diagnostic of cerebral concussion' (p. 5) and injury to the optic chiasma is not usually associated with a fracture line crossing the region of the sella turcica (p. 140).

W. RITCHIE RUSSELL

**PRAKTISCHE LOKALANESTHESIE Ein Kompendium.** By H. G. Auberger. (Pp. vi + 142; 133 figures. DM. 8.40.) Georg Thieme Verlag: Stuttgart. 1967.

This little pocket book is an excellent, straightforward, and well-illustrated guide to all varieties of local anaesthesia. Many will find it most useful.

**CAROTID-CAVERNOUS FISTULA** By W. B. Hamby. (Pp. ix + 139; 18 figures. \$7.50) Charles C. Thomas: Springfield, Illinois. 1966.

The author has based this small monograph on a personal series of 42 cases of carotid-cavernous fistula and an extensive acquaintance with the literature. He deals with the incidence and aetiology, favouring an aneurysmal origin in many cases, and gives an excellent account of the relevant anatomy. Chapters on the clinical picture, diagnosis, and investigations are all good. His account of treatment is also convincing, and he favours proximal and distal ligation of carotid vessels together with proximal muscle embolization. Many surgeons will

favour muscle packing from the distal end as being easier and more certain.

The methods he describes for ascertaining the safety of carotid occlusion are even now probably out-dated and will be replaced by more sophisticated techniques involving blood flow measurement and gas uptake in the brain.

These minor criticisms apart, the book is an excellent one and contains all that a neurosurgeon would want to know about this subject. It should certainly be on the shelves of every neurosurgeon and should be read by all those having to deal with trauma or cerebral vascular conditions.

BRODIE HUGHES

**OTFRID FOERSTER: Arzt und Naturforscher (Doctor and Scientist 1873-1941).** By Klaus Joachim Zulch. (Pp. viii + 116; illustrated. DM. 16.00.) Springer-Verlag: Berlin. 1966.

This book has been written to commemorate the 25th anniversary of Otfried Foerster's death. In addition to the biographical data it gives extracts of some of the most important publications of the monumental work of this great pioneer in neurology and neurosurgery.

Foerster's concept of neurology was to establish a close relationship between morphology and physiology for the localization of function of various parts of the peripheral as well as central nervous system, and in this he was greatly influenced by Duchenne de Boulogne, Dejerine, and, in particular, Hughlings Jackson and Sherrington. His physiological approach to neurology was the decisive factor for his therapeutic actions, whether they were concerned with physical medicine or surgical treatment of pain, spasticity, or epilepsy.

Foerster realized from early on the important influence of the afferent pathways on spasticity, which, in recent years, has been in the foreground of neuro-physiological research, and consequently he introduced the posterior rhizotomy (1908) for the treatment of spasticity in cerebral palsy. However, he always stressed that this operation could be successful only if it is followed by systematic exercises under visual guidance. He also employed this operation for the treatment of gastric crises in tabes dorsalis, and later, in 1912, independently of Spiller and Martin of the U.S.A., he introduced cordotomy for the surgical treatment of intractable pain. During the first world war he became neurological consultant to the German Sixth Army Corps and in this capacity he gained vast experience in the surgical and post-operative treatment of peripheral nerve injuries, an experience which, it is true to say, has not been surpassed by any publication on this subject ever since. After that war, Foerster's main work was concerned with the analysis and surgical treatment of focal epilepsy. The result of this work was a detailed localization of cortical functions in men similar to that found by O. Vogt and I. Brodmann in animals.

The Wensel Hancke Krankenhaus in Breslau became Mecca to many neurologists and neurophysiologists among them Wilder Penfield who became particularly interested in the localization problems of epilepsy. Foerster has summarized his monumental work in large