Book reviews


A major event in neurosurgery has been the recent publication of two comprehensive textbook series. A single author, single volume book from England by Northfield, and this three-volume work from the United States. The editor of the latter has undertaken a monumental task in assembling contributions from 125 eminent authors into what is essentially a compendium of neurosurgery, containing material on basic neuroscience, clinical features of neurological disorders, investigation and management, both operative and non-operative. Many chapters contain comprehensive bibliographies, and the whole work is presented as a neat package of three handy volumes which are well illustrated and attractively laid out. The end product could well be regarded as the trainee neurosurgeon's vade mecum.

Inevitably, with so many authors, there is variation in the length and in the quality of individual contributions, and in the usefulness of bibliographies. The sections on infection and head trauma are rather disappointing, being composed of many over-brief chapters. The sections on pain, tumours, and cerebrovascular disease, on the other hand, are very good, although many surgeons may feel that too much emphasis is placed on carotid stenosis as a cause of reduced cerebral blood flow rather than an embolic source. Neither in this chapter nor in the one on carotid ligation is mention made of measurements of cerebral blood flow as a means of monitoring the effect of temporary or permanent occlusion of these arteries on the cerebral circulation. On the other hand, there is an enthusiastic advocacy of the use of antifibrinolytic agents in the conservative management of subarachnoid haemorrhage which is probably rather premature. Such criticisms, however, are minor, and overall authors have presented up-to-date surveys of their selected topics.

All neurosurgeons will want to own this handsome text; if they cannot, they must covet their neighbour's. At the very least they will insist that it is in the hospital library.

J. DOUGLAS MILLER


New non-invasive methods for examining the brain have encroached on the territory so recently established by electroencephalography. Radiological or ultrasonic methods for delineating the position of the main intracranial structures and isotopic techniques for studying regional variations of the blood-brain barrier have obvious advantages for the neurosurgeon, his concern being in the main the localization of a mass lesion or displaced intracranial tissues or the recognition of hydrocephalus. Used with informed discrimination, the electroencephalogram (EEG) remains the only method for objective assessment of cerebral function, and particularly the interaction between cerebral cortex and brain-stem. Development of mechanical life-support systems in intensive care units and the need for viable donor organs for transplantation have promoted studies on the EEG in acute cerebral anoxia and the criteria of brain (more specifically neocortical) death after cardiorespiratory arrest. The importance of the decisions to be made in a limited period of time put a heavy responsibility on the recordists and physicians of the EEG departments, especially those with limited experience of the problem. They will be indebted to Dr Prior and her colleagues at the London Hospital for this important and useful monograph on the subject. It will reward careful study and especially on the methods of rating EEG records which are described. The main criticism concerns the presentation of the material. A thesis is written as "this is what I did and this is what I found"; a textbook should be written as "you are recommended to do this or that and the findings will indicate such and such, based on the following from the published esoteric literature". Unfortunately, this book has all the characteristics of a thesis. An editor should eliminate the redundant parts, remove duplications, and ensure continuity of development. It does not answer some practical questions. Does the EEG rating correlate with PaO2? Must I use evoked response techniques? How many channels are necessary for reasonable confidence? If a single