

## Book reviews

**Handbook of Clinical Neurology Volumes 23 and 24 Injuries of the Brain and Skull** Edited by P. J. Vinken and G. W. Bruyn. (Pp. 742 (Vol. 23), 860 (Vol. 24); illustrated; £42.95.) North-Holland Publishing Company: Amsterdam. 1975 (23), 1976 (24).

The previous 22 volumes of this handbook have ranged over a wide area of neurology, from the commonplace to the relatively rare. These two volumes, which have a single index and preface, deal with head injuries, which the Editors rightly claim to 'constitute a major health problem but which attract the attention of astonishingly few clinicians and scientists, whose international contact is all too often taken up with fruitless semantic discussion about terminology'. Even with 1600 pages at their disposal, the editors claim to have had difficulty in achieving complete coverage of their subject, even after deliberately excluding areas such as prevention, social, and financial aspects. Had some of their more verbose contributors been editorially curbed there would have been space to include more topics. As it is, the eight longest (out of 73) chapters account for a quarter of the pages; these deal with electrical injuries, boxing injuries, carotico-cavernous fistula, EEG, prolonged post-traumatic coma, psychiatric disturbances, brain death, and the legal definition of death. By contrast, more central topics are adequately dealt with in well-focused chapters of about a quarter of the length of these wordy ones. There are unexpected chapters, chiefly related to exotic causes of head injury due, for example, to lasers, heat-stroke, radiation, and cane-crushing machines, as well as the epic on electricity. Given that list it is surprising that there is no account of industrial injuries or of injuries due to alcoholic falls and brawls, each of which is a much more important and common cause of head injury than the whole bizarre list quoted above.

The editors also comment on the amount of overlap and of differences of

opinion in the chapters on post-traumatic syndromes, 'due to the strong convictions held by authors in various countries'. This is a problem which faces all editors of multi-author books, except where the contributors share common ground, such as working in one institution. It is a problem which cannot be completely solved, and in the view of many readers and writers is an argument against this genre. It can to some extent be met by careful choice of contributors and by giving each a relatively large topic; alternatively by sub-contracting the editorship of large sections of the subject to someone who will attempt to get some consistency among contributors in the field allotted to him. Once the damage is done, editors can still mitigate the resulting muddle by an introduction to each section or editorial footnotes to each chapter, indicating the relationship between contrasting nomenclature or viewpoints in different chapters. However, the editors of these volumes have eschewed all these devices, and have not obviously arranged the chapters in any logical order; certainly there are no sectional subtitles (such as causes, complications, sequelae). There are separate chapters on various kinds of investigations available, but no review of their relative merits and how they are best organised to a management plan. Intracranial haematoma, a complication of more importance than its incidence might suggest because it accounts for much preventable mortality and morbidity, is distributed in six separate chapters, by five different authors, each dealing with clot in one particular anatomical site. In practice the site of the haematoma is seldom known before investigation, sometimes not until operation or autopsy, and the essential problem is the recognition and localisation of the various types.

The editors rightly comment on the futility of committees trying to reach agreement internationally about terminology. But they have failed to recognise that as editors they wield much

more power than members or even chairmen of committees in this respect. They could have insisted on contributors to their book adhering to their nomenclature—or at least they could have added an editorial explaining how an individual author's terms relate to alternative words more widely used. It is really time that the terms *commotio* and *contusio cerebri* were banned from all but historical texts; there is certainly no excuse for allowing any author to use the two together as a chapter heading, and then to compound the felony by adding in brackets 'cerebral concussion'. Another chapter is entitled 'Post-traumatic vegetative syndrome'; it proves to be about various autonomic disorders that can occur both immediately and later after injury—vomiting, sweating, respiratory abnormalities, and so on. In English speakers 'vegetative' is now more often used to describe patients who survive without function in the cerebral cortex, and indeed in several other chapters in this volume assume this usage!

In spite of these criticisms the volumes represent a useful addition to the head injury literature, albeit as an interesting collection of essays or viewpoints. The failure to present any coherent account of head injury management will, I hope, remind readers of the truth of the comment in the preface that this is a field badly in need of more attention. In the light of the mass of information which these volumes show to be available, what is most needed is the organisation of this knowledge within a conceptual framework. This should clearly distinguish the clinical from the pathological, the descriptive from the interpretive, and must recognise the difference in viewpoint between the decision making process of doctors and the administrative classification of epidemiologists. The field is fascinating one but, as these volumes show, it still abounds in muddle and controversy.

BRYAN JENNETT