scribed are still evolving and in some cases the indications, if any, for performing them have still to be determined. Wisely, the editors have made appropriate comments about particularly controversial topics. They also caution the inexperienced reader against attempting a major tour-de-force before observing the procedure at first hand, but most of the contributors have a fortunate gift for being able to say in words what is most easily passed on by practical demonstration.

Harvey Cushing, speaking in 1911 of the practice of neurosurgery, stated that "the operative part is the least part of the work." So exacting are the technical demands of modern neurosurgery, as reflected in this volume, that if Cushing's view still holds true, an account of the other parts would require a whole library! This book does not pretend to provide definitive statements about the indications for a neurosurgical operation nor even about what operation should be performed. Instead it shows neurosurgeons that their specialty still has many problems to solve and that each technical advance brings new questions to answer.

GRAHAM TEASDALE

Pathology in Computed Tomography of the Brain By Scott D. Henderson. (Pp. 197; illustrated; \$17.50.) Charles C. Thomas: Springfield, Illinois. 1978.

The book is divided into 19 chapters, 18 on the more common pathological conditions with the final one a miscellaneous selection of others. Each chapter begins with a brief description of the entity and of its computed tomographic appearances, followed by numerous excellent illustrations. In all, the book contains over 400 such illustrations which are of high quality as is the standard of production.

In the preface it is stated that the book is intended as a reference guide for all persons concerned with computed tomography of the brain. It is, however, too elementary for the established worker. In general the book is more suitable for the trainee as the large number of abnormal scans gives ample opportunity to become familiar with the different pathological appearances. However, for someone at this stage, the text accompanying an illustration does not always describe the abnormality in sufficient detail.

P. MACPHERSON

Clinical Computed Tomography Head and Trunk Edited by A. Baert, L. Jeanmart, and A. Wackenheim. (Pp. 260; illustrated; DM78, \$35.90.) Springer-Verlag: Berlin, Heidelberg, New York. 1978.

This book consists of edited papers originally presented at a meeting on Computed Tomography which took place in Luxembourg in March 1977. The authors use their own material as a basis for discussion of specific subjects, and the book in this way encompasses many of the clinical aspects of computed tomography of the head and trunk. The experience recorded corresponds in general with that previously published, and the book breaks no new ground.

Several of the articles—for example, the chapter by Ungerer on the technology of computed tomography—are good basic reviews, and others such as those on the sellar region and the cerebellopontine angle by Salvolini and his colleagues, are both comprehensive and beautifully illustrated. Unfortunately, the illustrations in some of the other papers are of poor quality, and some subjects are dealt with too briefly to be of much practical value to neuroscientists, although this defect is often compensated for by inclusion of a good selection of references.

Those beginning the study of head and body scanning may find the book a stimulating introduction to the subject, though the overall standard and general coverage are not as satisfactory as those in the proceedings of some previous European seminars on computed tomography.

B. KENDALL

Persistent Pain: Modern Methods of Treatment Volume I Edited by Sampson Lipton. (Pp. 272; illustrated; \$20.50.) Academic Press: London, Grune and Stratton: New York. 1977.

This book is the first of several planned by Dr Lipton for those who are involved in the analysis and management of pain problems. It opens with a brief outline of current views about the anatomical and physiological basis of pain, and most of the remaining chapters deal with physical methods of treatment in some detail with emphasis upon those practised by anaesthetists and surgeons. There is also one chapter on the psychiatric management of pain, one on acupuncture, and one on the role of

drug therapy. It is to be hoped that more information will appear in later volumes about the last three areas of work mentioned as they are rapidly expanding. Thus the reader will not find a complete account of all methods available for the analysis and treatment of pain and, having embarked upon the purchase of volume I at just over £10, is likely to have to purchase two or three more to make up the set. The standard of writing varies as expected, but most chapters are well written by acknowledged experts. At a time when many books about pain are coming on to the market Dr Lipton's series should find its place as a guide to the pain specialist, but the final judgment must await the appearance of later volumes.

M. R. BONI

Living with Disability By Gillian Johnson and Ralph Johnson. (Pp. 566; illustrated; £1.50.) Churchill Livingstone: Edinburgh, London, New York. 1978.

In the last few years there has been a great awakening of public conscience for the plight of the chronically disabled and detailed studies of social services, work opportunities, and building design have been carried out with consequent improvement in these services. Gillian and Ralph Johnson, as a result of a survey of patients with multiple sclerosis in the West of Scotland, conclude in their recent publication that much remains to be done and that there are deficiencies in social and medical support for such patients. In many cases full use of medical and social services was not made. For example, many patients did not see their general practitioner regularly, and the most severely disabled tended to be those seen least frequently in hospital outpatients. Many of the less severely disabled patients who wanted to work were unaware of retraining schemes.

The authors, in their discussion, conclude that lack of financial resources, failure to identify the chronically disabled, and failure of communication all play a part in the medical and social deficiencies. Their recommendation for assessment clinics where the needs of such patients can be discussed seems reasonable and if, as they say, financial saving might be achieved by a reduction in the present duplication of services, then an early implementation of these recommendations is desirable. This