those vital features upon which a surgeon focuses his attention.

The third edition of the neurosurgical volume is under new management and is considerably improved. Most chapters have been revised, many new ones have been added, and there is a greater emphasis upon narrative. More than 80 operations are described, ranging from the mundane burrhole to sophisticated stereotactic, electrophysiological, and microsurgical procedures. Inevitably, individual neurosurgeons will disagree with points of detail but an important omission from a book aimed at surgeons in training is an account of the large question-mark shaped flap used to expose the frontal and temporal regions in a patient with an acute intradural haematoma. There is also undue emphasis on exploratory burrholes for head injury but a chapter on missile injuries is a good newcomer to this section. Other new chapters on neuroradiology and on chemotherapy for glioma are interesting but seem out of place.

The main faults of the book stem from it being the work of 46 authors: in spite of there being a three tier editorial responsibility, there are still considerable variations in the style of individual chapters, particularly in the quantity and quality of the text accompanying the illustrations. Another irritation is the repetitive yet sometimes inconsistent description of the craniotomy flap employed in each procedure so that it is easy for the beginner to become confused about their differences and similarities. The principles which guide the siting and the size of a flap for various operations are among the earliest things to be learned; the introductory chapter on the general techniques of craniotomy is certainly helpful but a section comparing and contrasting the varying approaches described in the succeeding chapters would be a useful addition.

The value of textbooks of operative surgery is debated. Successful examples are usually the result of a single-handed effort by one master teacher. Fortunately, some of the chapters in this book bear this hallmark and, despite its drawbacks, it should be in the library of every neurosurgical unit. The experienced neurosurgeon who wishes to extend his repertoire will find much to interest him, and surgeons in training will find it a

much greater source of information, guidance, and comfort than I found its predecessors.

GRAHAM TEASDALE

Clinical Neurosurgery Volume 25
Edited by E. B. Keener. (Pp. 734; illustrated; \$48.25.) Williams and Wilkins: Baltimore. 1978.

This volume continues the excellent traditions set by its predecessors. The honoured guest, R. C. Schneider, has provided thought-provoking chapters on anatomical correlations in hemisphere lesions and syringomyelia. The bulk of this long book is devoted to a comprehensive coverage of intracranial and spinal tumours and cervical and lumbar spine problems with realistic reviews of possible growth points. The political section documents the continuing sagas of malpractice and congressional control of research funds. The book's only flaw is its price.

J. D. PICKARD

Preoperative and Postoperative Care in Neurological Surgery Second edition
By Burton L. Wise. (Pp. 187; illustrated; \$13.75.) Charles C. Thomas: Springfield, Illinois. 1978.

As indicated in the preface to the first edition, this book is indeed a compromise between completeness, compactness, and readability. The poorly illustrated text provides a review of preoperative and postoperative care in neurosurgery, mainly pitched at the level of the neurosurgical resident and senior nursing personnel. Certain sections are particularly elementary in contrast to other parts, including the vast bibliography which is useful for a more advanced audience. That the fluid and electrolytes section is the best is not surprising in view of Dr Wise's reputation.

Omissions in this second edition include the absence of discussion of the controversy surrounding ventilation of head injuries, principles of the cerebral circulation, management of cerebral ischaemia, and the use of cimetidine.

This book is unique in the field it attempts to cover but the second edition cannot be considered a success.

J. D. PICKARD

Scientific Approaches to Clinical Neurology Volumes 1 and 2 By Eli S. Goldensohn and Stanley H. Appel. (Pp. 2040; illustrated; £150.00.) Lea and Febiger: Philadelphia, Henry Kimpton: London. 1977.

The advanced clinical neurologist is not well served by textbooks. There are some admirable books for beginners, with other longer established ones struggling hopelessly to absorb the flood of new clinical and scientific knowledge into a format unsuitable for critical evaluation. At the other extreme is the handbook of more than 30 volumes, always out of date before completion. Even this two volume work, which is not intended to represent a compendium of clinical neurology, has had the problem of time. In preparation since before Milton Shy's death in 1967, it has been necessary to provide addenda for many chapters. Clearly they will require updating in a very few years, a solemn thought when spending £150.

The approach is dominantly chemical and the section on metabolic diseases is outstanding and convincing, perhaps because it is still largely American. In other areas differences between European points of view are more prominent. The hydrodynamic theory of syringomyelia gets short shrift but the Joint Study of Extracranial Arterial Occlusion is accepted as a contraindication without a word of criticism, and it is asserted that specific indications for surgical treatment in various types of stroke syndromes have been identified. Subarachnoid haemorrhage is controversial: prostaglandins are only indexed in relation to migraine. The essay on hypertensive encephalopathy corrects common misunderstandings about symptomatology but still emphasises arteriolar spasm. On the other hand cerebral oedema and the blood-brain barrier are well and succinctly described.

The biology, regional diagnosis, and chemotherapy of cerebral gliomas are described, but not the role of CAT scanning. The CAT scan illustrating pituitary adenoma is extremely poor and the review of surgical treatment ends in 1967. The section on remote effects of tumours ignores disseminated intravascular coagulation syndromes and is extraordinarily tentative about the viral origin of progressive multifocal leucoencephalopathy.