

Hard £10.70, Paper £4.95.) Oxford: WH Freeman & Co, 1981.

Left Brain, Right Brain is an elementary survey of the literature on lateral asymmetries of function, covering information published up to 1979. The authors attempt to deal with a wide range of topics including behavioural and electropsychological asymmetries in normal subjects, animal studies, and (of course) split brain research.

This book is directed towards a wide audience, from the interested layman to the graduate student. However, it would probably prove inadequate for any advanced appreciation of this subject. Although many areas of controversy are touched upon in each chapter, they are not given sufficient weight or referencing for any thorough evaluation of the evidence. In fact, in many of the chapters the subject matter is now somewhat out of date. With the notable exception of split brain research, comparatively little space is devoted to evidence from brain damaged populations. A fourteen page appendix attempts to survey neuroanatomy and clinical neuropsychology but does so at a very elementary level. There are no references in this section and no guidelines are offered for further reading on these topics. This seems inadequate in a text on brain function.

The value of *Left Brain, Right Brain* would be limited for any but the most elementary university course. However, it would probably serve as a basic introduction to the methodologies, and areas of contention which have been popular in laterality research. It is pleasingly written, and would be suitable as a "first step" for the student about to take a course dealing with laterality or for the interested general reader.

RA McCARTHY

Hypoglycaemia (second edition). By V Marks and FC Rose. (Pp 521; £30.) Oxford: Blackwell Scientific Publications, 1981.

This admirable volume is a completely rewritten, updated and somewhat expanded version of the 1964 edition bearing the same name. The additional or much expanded chapters reflect the research and

clinical emphasis in the field during the last 15 years. Drug-induced hypoglycaemia and alcohol-induced hypoglycaemia are now treated in separate chapters and there are new chapters on neonatal hypoglycaemia and on the treatment of hypoglycaemia.

Dr Marks is responsible for the large majority of the chapters, and he has done an outstanding job of incorporating a large body of often conflicting information into a very readable, comprehensive, sound and interesting book. The volume covers different aspects of hypoglycaemia with authority and thoroughness; ranging from mechanisms for regulating blood glucose levels and the effect of hypoglycaemia on basic cellular metabolism, to a careful and critical survey of clinical conditions where hypoglycaemia is a major or contributory component. The major emphasis is on the clinical aspects of hypoglycaemia with equal attention paid to aetiology, symptomatology and treatment. However, the basic molecular mechanisms underlying the phenomena are also discussed when known and relevant, as are results obtained by studying insulin-induced hypoglycaemia in experimental animals.

The logical and clear organisation of the book is very helpful to the reader. To quote the dustjacket of this volume: "The book will prove valuable to clinicians in all disciplines, and particularly to those engaged in neurology, psychiatry, paediatrics and endocrinology, to whom most patients with spontaneous hypoglycaemia are referred".

ASTRID CHAPMAN

Disorders of the Facial Nerve: Anatomy, Diagnosis and Management. Edited by Malcolm D Graham and William F House. (Pp 576; \$85.68.) New York: Raven Press, 1982.

This volume reports the IVth International Symposium on facial nerve surgery in Los Angeles, in September, 1980. Like most reports on symposia the result is rather patchy, particularly so from the neurosurgeons point of view. Neurosurgeons are still probably the commonest cause of facial palsy as a result of their efforts to remove acoustic neuromas. The book is more directed, however, at ENT surgeons and plastic surgeons. One was interested in the chapter by Levine, on

the protection of the exposed eye in facial paralysis, in which he recommends either a palpebral spring implant, or sialastic prosthesis, rather than tarsorrhaphy. The reviewer feels that tarsorrhaphies are often badly done. In general, neurosurgeons should learn to do their own tarsorrhaphies and use an acceptable "plastic surgical" type of tarsorrhaphy overlapping the upper lid upon the lower lid and so preserving the eye lashes of the upper lid. In the United Kingdom the other methods suggested are not widely used, but perhaps they should be considered.

Samii and Draf contribute a chapter on intracranial intratemporal anastomosis of the facial nerve after acoustic neuroma surgery, and suggest that this can be done at the same time as the tumour removal. This, I think, would be difficult for those neurosurgeons that carry out the retromastoid approach, without otological assistance. However, one could see the possibility of using this approach in two stages, the neurosurgeon suturing the sural nerve to the stump of the facial nerve at the brainstem, passing the nerve out subcutaneously, and an otological surgeon at a second stage anastomosing this to the vertical part of the facial nerve. Hypoglossal facial nerve anastomosis is reported by Clemis and Gavron. They favour this technique although they do not directly compare it with facial nerve cross-over techniques. The reviewer tends to use facio-accessory anastomosis, finding that the accessory nerve can often be split into two, thus preserving the trapezius muscle, and also avoiding adding a weak tongue to a weak face. Hemifacial spasm was superficially considered. There was a chapter on petrosal neuralgia, which I turned to in the hopes of learning about a type of neuralgia that was new to me. This chapter consisted of nine lines and gave the reader no help.

This is a disappointing book, and I can not recommend it for neurosurgeons. A neurosurgeon's interest may be excited by some ideas, but he will not find sufficient details to allow a proper judgement to be made. Over eighty papers are produced. Fewer papers containing greater detail and more thoughtful comparisons between the very many techniques suggested would have been very much more helpful to the reader.

CBT ADAMS