approaches the clinical and investigative problems posed by dementing illness from the standpoint of research but there are useful reviews of practical points in diagnosis and management, both medical and social. The clinical features of the most common form of dementia, Alzheimer’s disease, are clearly described and attempts are made to differentiate the psychological disturbance in this disease from that associated with other dementias, particularly those with a subcortical pathology such as Huntington’s disease. Rarer conditions such as Creutzfeldt-Jakob disease, and a variety of metabolic abnormalities causing a confusional state, are also described. The authors do not clearly distinguish the mental state of metabolic encephalopathy from that associated with structural or biochemical disease primary to the brain itself, simply using the phrase “treatable dementia” for the former. Much of the basic science content of this book is repetitious with other volumes and some of the accounts, particularly those of neuroparmacology of Alzheimer’s disease, reflect individual reviews rather than a wide-ranging review of the literature. However, there is a determined emphasis on a search for treatable causes of dementia. Furthermore, the editors recognise the importance of cognitive disorder in patients with basal ganglia disease by including a discussion of dementia and Parkinson’s disease and a more general approach to the problems of behaviour and the basal ganglia in a stimulating chapter by Stern (New York). Discussions of the family burden imposed by patients with dementia, and advice on the long-term care of the demented, are somewhat brief and reflect American concepts rather than a European approach. The book is generally well produced and has been carefully edited. It is one of the best of recent books on this subject.

M SWASH


The purpose of this book, as defined in the preface, is “to provide several aids to the general physician, emergency room doctor or any other non-neurologist who wishes to learn more about managing neurologic emergencies”. That there is need for such a volume is evidenced by the fact that a considerable proportion of neurologists managed by general physicians and other non-neurological specialists, and there are too few standard texts to cover their specific requirements.

In this book, the “neurologic emergency” has been taken in the widest sense of its meaning, ranging from the acute management of seizure and unconsciousness, to the differential diagnosis and management of multiple sclerosis, headache and aphasia. These subjects are covered in 20 chapters by 21 individual contributors from taps. Many chapters are, in the main, contemporary, practising clinical neurologists. As with all multi-author books, there is variation in the quality of the chapters. However, there is a consistent format throughout with relevant information on basic pathophysiology, and the logical sequence of history, examination, relevant investigations, treatment and clinical examples. The book is well illustrated with clear line drawings, tables, radiographs and flow-charts to aid management. In some of the chapters, in order to be totally comprehensive, the tables are perhaps too extensive and insufficient emphasis is given to the more common diagnoses.

I particularly enjoyed the first chapter on the principles of early diagnosis and management of nervous system emergencies. But this, like the chapter on the technique of lumbar puncture may be too elementary for the experienced clinician seeking extra advice in this discipline. Furthermore, whilst the common symptom of headache is well covered in 23 pages, the equally common symptom of dizziness is dismissed in two.

In some specific comments on management, the American view may not reflect current practice in the United Kingdom. Some examples of this would be the recommendation of computerised tomograms in all patients with a first seizure (except those with true petit mal) and, perhaps more worryingly, the use of anti-coagulants in “stroke in progression” in the absence of a surgically correctable lesion or evidence of bleeding within the central nervous system.

This well produced book falls between a practical guide and a text book. Senior general physicians are likely to find some of the chapters too basic, whereas students and junior medical staff may find the price prohibitive. In spite of certain shortcomings, the book does offer much practical advice in the approach to the neurological emergency for the general physician and fills and conspicuous gap in the current literature.

LJ FINDLEY


Any book which draws attention to the poor clinical teaching of neurology in medical schools or the low standard of neurological practice amongst physicians cannot be all bad. In their preface, the authors of this excellent little handbook draw attention to the general level of neurologic sophistication of graduating physicians is not as high as was previously the case”. Some of us would be less polite. The authors add “in the past several years, fewer and fewer medical schools require students or house officers to rotate on neurologic services”. Any neurologist not separated from clinical colleagues, has experience of standards so appalling as to be unthinkable if transposed to any other speciality. For example, myelograms on patients with migraine, nerve biopsy without prior electrophysiology or muscle enzyme estimation on patients with no clinical evidence of nerve or muscle disease; lumbar puncture on suspected posterior fossa tumours... It is no wonder a neurologist did liver biopsies on patients with no evidence of liver disease and went about carrying out liver function tests, perhaps with tin-hats would be summoned forthwith. Do general physicians carry out this amazing level of neurology because of ignorance, not realising that they would fail the Ambulance Man badge in the Boy Scouts, or because of some deeper reason?

The answer is complex. We all know of physicians so badly frightened by neurologists when young that they cannot face a simple referral. These physicians tend to use the neurologist as a part-time and supernumerary house-physician, that is to take a history and examine the patient, or referral is direct to the Brain Surgeon, a method which involves no loss of face, though it does raise the rate of burr-hole for epilepsy and CT scans for hysterial Neurologists must take their share of the blame and perhaps it is a great share. The failure of most neurological departments to run anything approaching an acute service, the failure to properly manage patients with severe chronic neurological deficit, the failure to provide a proper assessment and treatment service for such serious and common problems as neuropathic bladder and pain, to name only a few areas, only helps to perpetuate the image of neurology as a sterile academic subject which is a lux-

given the \text{austere} days.

Given this background, which is merely a quiet and played-down summary of actual events, this handbook by three eminent neurologists of New Orleans comes like a clear invigorating and logical breath of traditional jazz in the pop world of your modern district general hospital. If Mugsy Spanier had read medicine, this is the kind of neurological handbook he would welcome: disarmingly simple and short of unnecessary detail. That is, the emphasis is on \text{clinical} neurology and diagnostic aids are seen as aids to diagnosis. The authors have designed the book as a practical introduction to the more common diseases in neurology. It is primarily aimed at medical students and house officers and physicians in “primary care”. The authors' design and aim are successful. The book is no more than what it sets out to be but what it does is well done and well worth the reasonable price. The content naturally reflects North American views but in general these do not differ greatly from current practice in the UK. There is a short section of history taking and examination and the use of various diagnostic methods. The second section covers common signs and symptoms such as headache and facial pain, dizziness, weakness and disturbances of gait, disturbances of the visual system, episodic loss of consciousness, stupor and coma. The third section deals with common neurological diseases and begins with stroke followed by seizure disorders, head trauma, neurological disorders of childhood before continuing in the traditional style. The book ends with a useful, but too short, glossary, and an index which should be several times longer and more detailed.

L S ILLIS

\textbf{Brain Tumours in the Young.} Edited by Luis V Amador. (Pp 900; £125-00.) Illinois: Charles C Thomas, 1983.

This book of nearly 1,000 pages is a symptom of that evolutionary urge that seems to affect all specialists, the desire to become a super-specialist. In countries such as the USA and Japan, where neurosurgeons can lie thick upon the ground, it is perhaps inevitable that paediatric neurosurgery should diverge as a separate specialty but is this a tendency which should be expected or encouraged in the United Kingdom and much of Europe where neurosurgical facilities are spread more thinly? In this country, for example, there seem to be enough aneurysms and meningiomas and pituitary tumours to go around, so that the neurosurgeon can often detach himself from the everyday management of head and spinal trauma, peripheral nerve work, spina bifida aperta, etc., not to mention a regular presence within the local pain clinic.

Is there a place for the paediatric neurosurgeon in this country, and is this book likely to be of use to him or to his more general colleagues whose practice may only take in a few paediatric cases?

The present custom is for most neurosurgical units to dabble in the paediatric world, perhaps with one member of the team being designated to take a special interest. About one aspect of the division of the responsibility there should be no argument. Children should only be admitted to hospitals that already have specialist facilities for their general care. There is no case that can be made out for their admission to a unit where there is no everyday paediatric supervision available and particularly no anaesthetists with out experience in handling children's problems.

Are there, in fact, any aspects of paediatric neurosurgical care which are so different from those found in adults that there is any justification for super-specialist attention at all? The number of children who require such attention is fortunately small and it is even smaller when one considers those conditions which are seen almost exclusively in childhood. This applies to the cranio-facial syndromes, including the simple cranio-stenoses and the occult spinal dysraphisms, but even the management of a child with hydrocephalus, particularly the premature neonate, is undoubtedly handled better by those with experience in such matters.

\textit{Brain Tumours in the Young} is probably not the best ground upon which to base an argument for the establishment of specialist paediatric neurosurgeons within this country. The head of even quite a small child is not so different in size from that of an adult and it cannot be said that the techniques of surgery for the treatment of a medulloblastoma or a craniopharyngioma are so different either. However, such conditions do make up an important part of the work of a specialist unit such as that at Great Ormond Street and there is no doubt that there are points of controversy whose elucidation will only come about through the treatment of larger numbers in individual centres.

Given that there are areas of uncertainty, it cannot be said that this volume provides much assistance in our understanding of them. Neither does it provide much in the way of useful information for the uninitiated who may be starting to manage problems where no particular therapeutic controversy exists. I suspect that much of this is due to the Editor's selection of subjects for each chapter and much to the period of gestation of the book which has a rather nostalgic air to it as if some of it had been written a long time ago. For example, there is a long chapter on how to perform ventriculography and another on echo-ultrasound is far longer than either of the two on computerised tomography, both of which are also identical in their titles. The simplest way of dating a book such as this is to study the references; here there are few after 1977. Ill-planning is apparent throughout the volume. There is considerable overlap between many of the chapters with craniopharyngioma and pineal tumours, for example, cropping up in "tumours of the cerebral hemisphere" as well as in chapters of their own. The contributor-seeking net has been cast as wide as possible with a mesh even fine enough to catch a chapter on tuberculomas and granulomas that includes the useful information "gumma usually occurs between 30 and 50 years of age and is not known to occur in children", among the several column inches devoted to the subject.

In summary, there seems little doubt that children should be moved out of the corners of adult neurosurgical units where they are now often to be found and moved into hospitals that have appropriate paediatric and anaesthetic facilities. Ideally, there should also be a few supraregional centres staffed by surgeons for whom the care of paediatric neurosurgical problems is now their main area of work. Although at most existing centres in this country there is neither enough work, nor possibly sufficient enthusiasm, to justify the creation of full-time paediatric neurosurgical posts, children will undoubtedly be better served if one member of the local team is designated as having particular responsibility within this area. However, such specialists, whether whole- or part-time, will probably find little to help them in this dated, overweight and, at U.S. $125, expensive volume.

\textbf{R D HAYWARD}


This manual of just over 200 pages is to be