Book reviews

ury in these 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 shorn of unnecessary detail. That is, the emphasis is on *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.

LS ILLIS,

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 without 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 syndroms, 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.

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 under-

standing 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 supra-regional 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.

RD HAYWARD

Manual of Patient Care in Neurosurgery. 2nd Edition. Edited by James R Howe. (Pp 239; \$17.95.) Boston: Little, Brown & Company, 1983.

This manual of just over 200 pages is to be