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 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 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

recommended even though it has been prepared primarily for the North American market. In five sections it covers clinical neurosurgical physiology, pre-operative management, intra-operative management and post-operative management and complications. The basic science is excellent and clinical points of management together with explanations of intra-operative monitering and positioning are well done. The sections about post-operative management and complications are presented in a practical and realistic way.

The practical concern for the outcome of the patient's surgical management and adequate rational scientific explanation for the conduct of neurosurgical practice are the two main principles on which this text has been based and account for its excellence. The author admits it is intended to be a supplement to the clinical training normally obtained in the course of a junior appointment in neurosurgery and the minor differences between American and European practice will be corrected by the experience.

CHARLES POLKEY

Migraine and its Variants. By George Selby (Pp 144; £16·95.) Bristol: PSG Wright, 1983.

There must be something in the air of New South Wales that produces excellent migrainologists. This is yet another book on migraine from Sydney, and is intended for general practitioners. There are seven chapters, most of which cover the usual ground of aetiology, pathogenesis and treatment. The outstanding chapter is the one on clinical features of migraine and its variants; the longest in the book, it reveals the very wide experience and interests that George Selby has shown for decades in this subject. He destroys several widely held migraine myths, for example, that unilateral headache is necessarily contralateral to the neurological symptoms. The book is worth buying just for this particular chapter alone though the others do provide useful reviews of current trends in migraine research.

When two "headachologists" meet there are bound to be at least two options, but cluster headache is no longer regarded as a migraine variant—there are just too many differences: in age and sex incidence, periodicity and response to lithium etc. Nor would I agree with his statement on page 11 "at the other end of the spectrum, stress contributes little to purely classical migraine and hardly at all to cluster headache".

I can unreservedly recommend the book for family doctors, and indeed neurologists who want an overall view of the present state of the field.

F CLIFFORD ROSE

Epilepsy: Diagnosis and Management. Edited by Thomas R Browne and Robert G Feldman (Pp 376; $38.50.) Boston: Little, Brown & Company, 1983.

This is a multi-author North American text book on the medical diagnosis and treatment of epilepsy. It is divided into 31 chapters covering basic mechanisms, seizure types, electroencephalography, clinical pharmacology of antiepileptic drugs and specialised treatments. Each page is divided into two print columns, the sections are short with frequent headings and the book is carefully edited with a constant style throughout.

The approach by the authors, most of whom are clinicians, is factual rather than anecdotal and the volume contains a useful pool of references to 1982. However, the attempt to provide comprehensive information, particularly about drugs, at times obscures those matters which are clinically important. The first ten chapters analyse the different seizure types and a subsequent group of ten examines the drugs used in treatment. However, there is insufficient space devoted to common management problems, and, as a result, the inexperienced physician would find it hard to gain instant expertise from reading this book. The experienced reader will, however, note considerable differences between American and European practice, particularly in regard to drug treatment. The only section which gives guidance about treating newly diagnosed patients (contained somewhat confusingly in a chapter on *pharmacologic principles*) does not mention sodium valproate for treating tonic clonic seizures. This drug is also omitted from the section on chronic prophylaxis of febrile seizures. The recommended treatment of status epilepticus is also substantially different, the authors preferring intravenus phenytoin over the benzodiazepines, and chlormethiazole (which is not available in the US) is not mentioned.

It should be noted that the classification of seizures used is the 1981 ILAE revision, about which there is still controversy.

Although the word *management* appears in the subtitle of this book, the non medical aspects of management are not well covered. The inclusion of a chapter on nursing management and resources available to patients was imaginative but the result is disappointing, as the former is only discussed in conventional medical terms and the latter only applicable to the USA.

In summary, although this is a highly competent reference book, it contains no new information and its format restricts its immediate usefulness in the clincial situation. With such a wealth of clinical experience amongst its authors, this is perhaps rather a pity.

JOLYON OXLEY

Controversies in Neurology. Edited by Richard A Thomason and John R Green. (Pp 173; $48.98.) New York: Raven Press, 1982.

As the title indicates, this volume deals with topics in neurology and neurosurgery where at the present time controversy exists as to the most appropriate form of management. The book is sponsored by the Barrow Institute of Neurology of Phoenix, Arizona, and is the outcome of a symposium where many internationally known authors took part. The eleven chapters cover four broad fields of interest. Cervical disc degeneration and its neurological complications, and the management of malignant disease in the spine and in the head form the major part of the work. There are single chapters on the medical and surgical aspects of stroke prevention, and on the management of arteriovenous malformation and intracranial aneurysm.

There is naturally some variation in the form and content of the different contributions. Most are well argued and well researched, providing a great deal of substantiated fact to back their conclusions. For the neurosurgeon the section on medical versus surgical treatment of metastatic spinal cord tumours is probably the most important. More correctly stated, the question is whether surgery adds anything to the effectiveness of therapy with steroids and radiation. Based on their vast experience at the Memorial Sloan-Kettering Cancer Center, and using ambulation as the essential criterion of success or failure, Drs Shapiro and Posner conclude that the answer is "no". While conceding that a more suitable operation than posterior decompressive laminectomy might prove more effective, surgical complications at 10% represent a serious morbidity problem. They believe that the improved treat-