

review of the methodology of sequential determinations of cerebral blood volume in man and only one study that examined the problem in man of the role of cerebral blood volume in intracranial hypertension following intracranial haemorrhage. The vulnerability of cerebral veins to injury following head trauma and following arterial occlusion is discussed together with the sequence of events that follows venous occlusion. The final section is devoted to some surgical aspects of the cerebral venous system including discussion of fistulae, thrombosis and the venous disturbances following removal of parasagittal meningiomas.

This book is a very useful source of reference to the literature on many aspects of cerebral veins but the great bulk of the work referred to has already been published in refereed journals.

JD PICKARD

Pain Measurement and Assessment. Edited by Ronald Melzack. (Pp 309; \$40.00.) New York: Raven Press, 1983.

Pain Measurement and Assessment is a book that will be of value to psychologists who work in Pain Clinics, and particularly to North Americans who are accustomed to the jargon in which most of the chapters are written. It will also be of interest to those who wish to know about the contribution of North American psychologists to the study of patients with pain. It includes a large number of contributions that examine the language which patients use to describe their pains.

Crawford Clark and JC Yang contribute a chapter on sensory decision theory, which is clear and convincing. Its argument that it is a necessary method in the laboratory is forceful. They quote evidence that even analgesic drugs alter the report criterion as well as the index of sensory discriminability: this fact has been neglected in most investigations of analgesic and other drugs.

The spatial pain charts introduced by MS Margolies are worth trying out. He calls them "a nonspecific, adjunctive diagnostic tool. They do not supplant the need for good clinical evaluation of the patient". But they may help evaluation and treatment.

Berthold Wolff contributes a well-written and important chapter on laboratory methods of measuring pain. There is also a thoughtful chapter comparing various ways of inducing pain experimentally

by GB Rollman. This paper is better than many in this volume as the author clearly knows and is able to assess the extensive literature on this subject. What comes out of his chapter is how at present there is little agreement on many aspects of experimentally induced pain.

The final chapter is on Ethical Consideration in Pain Research by Richard Sternbach. This is the most important chapter in the book. It concerns subjects extending far beyond its title, and it ought to be reproduced elsewhere, so that it reaches a much wider audience than it will in this book.

PW NATHAN

Dilemmas in the Management of the Neurological Patient. Edited by Charles Warlow, John Garfield. (Pp 285; £23.00.) Edinburgh: Churchill Livingstone, 1983.

Books on Recent Advances in . . . , Modern Trends . . . , etc. and Proceedings of Conferences with unedited and barely related papers roll off the press, often out of date by the time they appear. Peer group criticism follows and cannot influence the published text. This book has elements of both types but uses most successfully a new formula. A group of friends and colleagues met in Green College, Oxford, in 1982 to discuss a number of controversial neurological topics in turn. (One contributor refers to "deepended" controversies). Each speaker pre-circulated an abstract of his views and argued them for ten minutes. An invited discussant (from the group) then led a discussion and the chapter prepared for publication incorporated the constructive criticism. The result has been very successful and indeed enjoyable. This review is written a few days after receiving the request from the Editor as I found myself dipping into the book at odd times, including the lunch break. It is that kind of book, interesting, stimulating and informal as well as instructive. Naturally I did not agree with all the (presumably consensus) views: there would be no dilemma if practising neurologists were unanimous and their opinions soundly based. This collection of unrelated topics makes it quite clear that we rely on unsubstantiated theory, advocacy by "leaders of the profession", or the "what has been said three times is right" factor.

It is not practicable to criticise each of 26 chapters, and indeed they are all excellent, but readers require some indication of the

subjects covered. Three chapters on multiple sclerosis discuss the roles of spinal cord stimulation, immunotherapy and evoked potentials. Five on cerebrovascular disease discuss anticoagulants in prevention of cardiogenic cerebral embolism, surgery of cerebral haematomas, anti-oedema therapy, antifibrinolytics after subarachnoid haemorrhage, and timing of surgery for ruptured berry aneurysms. Then there are provocative chapters on the values of speech therapy for aphasia after stroke, ergotamine for migraine and the disadvantages of levodopa in which the authors' personal assessments challenge conventional beliefs. Should surgery be the first resort for involuntary movement disorders, when can anticonvulsant drugs be stopped, are prophylactic anticonvulsants needed for febrile convulsions in children, what is lumbar puncture headache and can it be avoided? These are four practical questions for the neurologist.

The neurosurgeon is asked to question the values of biopsy and any surgery for supratentorial malignant gliomas, the indications (if any) for operating in cervical spondylosis, degenerative lumbar spondylosis, chronic subdural haematoma, normal pressure hydrocephalus, trigeminal neuralgia, and syringomyelia. Is "aggressive" management of severe head injury justified ethically and economically? If a single thread runs through these chapters is the clarion call for audits and the necessity for surgeons to recognise the need for adequately controlled trials even if they require randomisation. A thought provoking chapter by a statistician on the evaluation of treatment and the positive dangers of non-randomised trials, and pre-trial assessment of the power of a trial (a technical term), accounts for the continuing controversies about apparently well established treatments and makes it clear that no clinician, or even a small team, can have enough patients to recognise genuine treatment advances unless these are dramatic.

Absence of basic data is stressed by chapters on herpes simplex encephalitis (do we really require better anti-viral agents or are we ignoring the proximate pathogenesis?) and how much of the brain mantle is needed for normal development after infantile hydrocephalus? Even the best multi-centre trial is useless if the wrong questions are asked.

These are valuable essays on aspects of everyday practice which are subject to differing points of view because of poor medical auditing or incomplete knowledge. But

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practical decisions have to be made despite an inadequate data base. (That hardly ever means improved "imaging". It is usually irrelevant to the clinical problems.) Each author has been asked to indicate his own solution of the dilemma he has analysed. Should one be gratified at finding how often the writer favours the reader's practice? At least this interesting book shows them for what they are—prejudices with shaky foundations.

JA SIMPSON

Neurology. A Textbook for Physicians and Students with 185 Self-Testing Questions (2nd Completely Revised and Enlarged Edition). By Mark Mumenthaler. (Pp 540; DM. 30.00.) Stuttgart: Georg Thieme Verlag, 1983.

The second and enlarged edition of Mumenthaler's pocket-sized textbook of neurology is now available in English translation and the revision seems to have been worthwhile. It is an extraordinary little book, crammed with factual information and supplemented by an extensive if somewhat idiosyncratic bibliography. The translation is competent and only occasionally does the reader find himself peering repeatedly at a particular statement in an attempt to extract meaning.

The first fifty pages deal with the physical examination of the neurological patient and although comprehensive, this section loses much in practical value by relegating assessment of higher function to later and extremely contracted descriptions. Thus we are instructed how to perform a cisternal tap, four pages are allotted to the technique of angiography, the EEG is described in detail and we hear about biopsy in neurological diagnosis, all before a brief and rudimentary paragraph on orientation, memory and intellectual function. In its attempt to be comprehensive, this section fails on two counts. The emphasis is wrong for the student, whose interests are better served by more simple and clinically orientated textbooks whilst the expert will feel dissatisfied by oversimplified accounts of technical aspects.

The bulk of the text is concerned with a description of neurological disease and this is organised along conventional lines, starting centrally and then moving distally via spinal cord to peripheral nerve and muscle. Brain tumours are reasonably described but the section on cerebrovascular disease is confusing and various statements, presented in the prevailing style of this book

which is dogmatic, are incorrect. Thus we are told that patients with unilateral carotid occlusion have a 70% increase in CBF in the contralateral hemisphere and hypertensive encephalopathy is due to spasm in the smaller arteries. We are encouraged to perform CT scans, doppler sonography and cerebral blood flow measurements in all patients with vascular insults of the cerebral hemispheres even though we are later assured that there are no instances in which carotid artery surgery is indicated if there are persistent neurological signs. An inordinately long table describes 19 distinct brainstem vascular syndromes and following this is cross-sectional diagram of the medulla in which the hatched areas are meant to represent those areas involved in Wallenberg's syndrome; unfortunately the hatch is invisible and this rather detracts from the value of the illustration. The only reason for complaining about the space given over to brain stem vascular lesions is that in a short textbook, designed for students, it seems quite wrong if the subsequent description of temporal arteritis is restricted to half a page.

It must be clear by now that this reviewer found the book disappointing. As an undergraduate text it lacks the clinical wisdom of many of its predecessors and for the neurologist in training it lacks the balance of many of the more established English and American textbooks. It has one great advantage, however, and that is as a small paperback it will fit the pocket of ones "white coat" and thus offers a portable if rather restricted source of reference.

JPH WADE

Entrapment Neuropathies. By David M Dawson, Mark Hallett, Lewis H Millender. (Pp 307; \$38.50.) Boston: Little, Brown & Co., 1983.

Isolated lesions of peripheral nerves are really the subject of this book and I question the choice of title. Of entrapment the authors state that the term "embraces lesions caused directly by entrapment in fibro-osseous tunnels, but also includes damage due to stretch, angulation, and friction". I find this thoroughly confusing and much prefer Kopell and Thompson's "region of localised injury and inflammation in a peripheral nerve that is caused by mechanical irritation from some impinging anatomical neighbour". So in the section on the femoral nerve we read "Idiopathic femoral neuropathy related to entrapment is unknown". This is followed by a page of

discussion of the known causes of femoral nerve damage. This looseness of definition also affects the section on thoracic outlet syndrome in which the clear-cut neurological syndrome of cervical rib or band does not emerge with the clarity it deserves.

Some statements are actually wrong. Preswick (this journal 1963;26:398) did not show "that the threshold for stimulation varies from normal in CTS". He showed that if one stimulates above the level of the lesion one has a good chance of finding a "late" unit. However, in a field in which several types and sites of lesion are uncommon and in which the literature is very scattered it is quite useful to have another source of information.

RG WILLISON

Advances and Technical Standards in Neurosurgery Vol X. Edited by H Krayenbuhl, J Brihaye, F Loew, S Mingrino, B Pertuiset, L Symon, H Troupp and MG Yasargil. (Pp 231; \$41.80.) Vienna: Springer-Verlag, 1983.

This volume, describing the growing points of neurosurgery, continues the high standard set by previous volumes. Much information in this book is not easily culled from journals. Wise and colleagues from London and Rome succinctly describe positron emission tomography and the results in cerebrovascular diseases, cerebral tumours and epilepsy. In the last of these, the PET may have practical application in localising the focus of temporal lobe epilepsy. It would be interesting to compare its use and results with the "physiological" NMR being developed in Oxford.

Siegfried and Hood dedicate their chapter on functional neurosurgery (defined as the surgical treatment of a neurological symptom) to Professor Krayenbuhl on his 80th birthday. Involuntary movements, spasticity, epilepsy, pain and brain grafts are all covered. A sub-speciality of neurosurgery indeed, for there is no place for the occasional "functional" neurosurgeon. Stereotactic surgery for involuntary movements in Zurich is on the increase and used in conjunction with drug therapy rather than in opposition to it. They marshal convincing arguments against the microvascular compression theory for trigeminal neuralgia.

Pertuiset and colleagues from Paris state their ideas on the haemodynamics and management of AVMs. Pertuiset has a unique experience in managing these