Book reviews

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