Dr Trimble is right to draw our attention to the most recent work in this field, the unpublished research of Pisani and his colleagues that suggests that viloxazine interacts with carbamazepine to cause "symptoms of carbamazepine intoxication" and that reports a patient who had elevated plasma phenobarbital levels while being treated with viloxazine. It is difficult for me to comment on these findings as I have not seen the pre-publication manuscript, but I look forward to hearing what symptoms of intoxication occurred (they were presumably Type A reactions) and assessing the evidence leading to the conclusions reached. If it has been demonstrated conclusively that viloxazine increases plasma anticonvulsant levels to a dangerous degree, physicians using the combination should be alert to the possibility of intoxication and should carefully monitor plasma drug concentrations. The interaction should be added to the balance between the chance of benefit and risk of unwanted effects, and should be taken into account when choosing an antidepressant to treat a depressed epileptic patient.

Finally, I agree with Dr Trimble that there is need for much more research into the pharmacokinetic interactions between antidepressants and anticonvulsants in general.

**Brain Tumors in the Young**

Sirs: I wish to comment on the book review by RD Hayward of Brain Tumors in the Young, edited by Luis V Amador. Mr Hayward has used much of the assigned space to espouse a personal philosophy vis-a-vis subspecialisation in neurosurgery in the United Kingdom, rather than review the volume.

As a full-time pediatric neurosurgeon I feel it is important that there be some response to what I believe is a misguided view.

The suggestion that in the United States "where neurosurgeons can lay thick upon the ground—it is perhaps inevitable that pediatric neurosurgery derville as a separate subspecialty" is unacceptable. No informed neurosurgeon whether specialising in pediatrics or any other facet of neurosurgery would suggest that problems that affect the young are identical to those of the older population. Hydrocephalus, dysraphism, craniofacial anomalies, spinal cord tumours, and even brain tumours are very different in infancy and adolescence in incidence and expression from similar problems that afflict the adult population. Surgical techniques must be directed towards the preservation of the immature growing brain as well as the primary problem and because of these dual considerations are far different from techniques utilised for neurosurgical problems in the adult population.

It is incredible to me that Mr Hayward suggests that "the head of even a small child is not so different in size from that of an adult, and it cannot be said that these techniques of surgery for the treatment of medulloblastoma and craniopharyngiomas are so different either". This comment not only suggests a complete lack of understanding of the brain of an infant and child (it has nothing to do with size!) but also of these entities and is a testimony to the necessity of training pediatric neurosurgeons to have more insight into pediatric neurosurgical techniques.

Mr Hayward also suggests "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 wounds, spina bifida, Aper's, etc., not to mention regular presence in the local Pain Clinic". I perceive this statement to be a naive misunderstanding of what the bulk of good neurosurgery really is. It seems to me that Mr Hayward is encouraging "general practitioners" in neurosurgery as a whole and this is clearly out of step with contemporary practice in much of the remainder of the world. There can be little question that surgeons who operate on aneurysms and acoustic neuromas in large numbers have better results than those who do it episodically. The same principle applies to many other surgical diseases of the nervous system.

Mr Hayward's opinion reflects, I fear, a philosophy that is prevalent in medicine and surgery in the United Kingdom. One can only feel saddened that a country that produced many pioneers in so many specialties is now unable to evolve with contemporary medicine, and seems to be hermetically sealed in terms of interrelating with what is occurring in much of the world. It would be wise for individuals and centers to explore the value of subspecialisation in terms of what it means to patients, and not to neurosurgeons, before expressing...