Book reviews

nancies of the spine, there is an intriguing short report of continuous intrathecal infusion of opiates, apparently without respiratory depression or the other common side-effects encountered with intermittent administration, and a report of good analgesia with intrathecal salicylate therapy, without serious adverse effects.

Unfortunately, most of the book contains short papers about a wide variety of treatments. There is an almost complete absence of controls in these studies, and little mention of methods of pain assessment. The volume warrants a rapid scan by those with an interest in pain, but few will feel compelled to buy it for their own shelves.

JW SCADDING

Microneurosurgery 3rd Edition. Edited by Robert W Rand (Pp 832; £132.00.) Toronto: CV Mosby Co, UK: Oxford: Blackwell Scientific Publications, 1985.

This third edition of a well known and established book is a substantial extension of earlier editions with new chapters and much up dated material. The only reservation is that the extension is so great that it embraces almost the whole of operative neurosurgery which increasingly employs microsurgical techniques. The term microneurosurgery is therefore almost antique like speaking of aseptic surgery. The book therefore includes chapters with laboured associations with sensory evoked potentials and vasospasm and the latest developments such as nuclear magnetic resonance. There is also a great deal of repetition, difficult to avoid amongst many authors describing essentially the same techniques.

These are minor criticisms of a superbly presented, well bound, clearly printed and beautifully illustrated book. The photographs and line diagrams, particularly the diagrams, are of the high quality to be expected in books concerned with detailed exposition of fine structures. Indeed, they do more than decorate as they are chosen to amplify as well as illustrate the excellent text. Very few photographs are poor but figs 12.20, 31.37 and 31.38 are dreadful examples and should be removed from future editions.

The book is in eight sections. The one on general principles is first rate with two chapters on the surgical microscope and instrumentation and a valuable chapter on photography and television records. Hardly surprisingly acoustic tumours

occupy a major part of the book and although there is little that has not been presented elsewhere nowhere else is there such detailed description of the various operative approaches in one volume. Nor is there much new in the section of cerebrovascular disease but the neurosurgical trainee will enjoy the clear descriptions and illustrations and particularly the sensible reasons given for particular manoeuvres. There is a small section on vertebral and spinal surgery including the final chapter on microdissection. It is advocated as a safe way of training in microsurgery which appears as its only advantage.

There are profuse references and a good index. In short, this must be regarded as the standard work on microneurosurgery and should be in every neurosurgical library, at a price that makes it good value.

EDWARD HITCHCOCK

Chemotherapy of Gliomas. Basic Research, Experience and Results. Edited by D Voth and P Krauseneck in collaboration with C Langmaid and P Glees (Pp 440; DM148.00.) Berlin: Walter de Gruyter & Co 1985.

There is a much wider range of information on the pathology, diagnosis and treatment of glial brain tumours in this book than its title suggests. It represents the proceedings of the 1983 Autumn Congress held at the Neurosurgical Clinic in Mainz in honour of the 65th birthday of its Director, Professor Kurt Schürmann. There are separate sections on the special and comparative pathology of the gliomas, diagnostic methods, operative and radiation therapy, and finally chemotherapy. Inevitably, in such a volume there are a number of very brief papers, little more than abstracts, but there are also longer and helpful reviews with comprehensive and recent bibliographies. In this book the reader can find accounts of recent developments in diagnosis by computed tomography and by positron emission tomography, as well as treatment by microsurgery, stereotactic interstitial irradiation and results of chemotherapy from the EORTC Brain Tumour Group, the Scandinavian Glioblastoma Study and the International Society of Paediatric Oncology multicentre trial. A final section by one of the editors provides a summary of the significant results of the meeting.

Intrinsic brain tumours continue to present a daunting and often depressing chal-

lenge, leading in some cases to a rather nihilistic approach to their management. The least that the clinician owes to his patients is that he is aware of the current developments in the area; this book provides, in compact and convenient form, an up-to-date survey of what is happening in the field in Europe.

J DOUGLAS MILLER

Evaluation and Treatment of Chronic Pain. Edited by Gerlad M Aronoff. (Pp 684; £50.00.) Baltimore: Urban & Schwarzenberg. UK: London, Pitman Publishing Ltd, 1985.

On page 343, in a chapter dealing with back pain, it is stated that "clearly the foundation of treatment is strict bed-rest . . . for a minimum of two weeks and possibly considerably longer . . .". On page 352, in another chapter on spinal disorders from a neurosurgeon's point of view, the contributor writes that "many patients accept the fact that most back problems are not serious and that acute flare-ups come and go . . . they respond to encouragement and are no worse off for pushing ahead with tennis, golf, skiing, or sailing". These different views typify the dilemma one faces with the patient with back pain, although readers are alerted "that the use of sunglasses indoors by a back pain patient is a bad prognostic sign" (page 338). The question must be whether this book with its title of *Evaluation and Treatment of Chronic Pain* helps us understand and manage common problems such as back pain. I rather doubt it.

Many of the topics have been written about many times before, and more rigorous editing would have pruned irrelevant material such as an account of gout, the immunology of rheumatoid arthritis, a discussion of ethical theory, and the basic principles of electromyography as expounded in a chapter on the "physiatric" approach to pain. A considerable proportion of the book is concerned with psychosocial aspects of pain management, and examples include contributions entitled "A cognitive-behavioral approach to chronic pain", "The social worker, family systems, and the chronic pain family" and "Chronic pain management; the nurse's role". What is not clear is whether these approaches actually help significant numbers of patients, and we are not given much information enabling us to judge.

It is difficult to form an overall impres-

sion of a book of 39 such different chapters written by 55 authors. Certainly some of the contributions are not common features of books dealing with chronic pain, and they provide valuable information. Examples include chapters on the use of thermography, painful metabolic bone disorders, pain in the male genitalia, and a very useful review by Dr Aronoff and Professor Sweet entitled "The future of pain management" in which information on neuropeptides relevant to pain is gathered together. This book is more likely to be useful for occasional reference than for cover-to-cover reading and the heterogeneous material and the considerable unevenness of quality of the chapters detract from the book's overall merits. The production is good and the price reasonable.

GD SCHOTT

Cerebral Dominance. The Biological Foundations. Edited by Norman Geschwind and Albert M Galaburda (Pp 232; £24.35.) London: Harvard University Press 1985.

For the neurologist this is perhaps the most interesting volume on lateralised cerebral function to date. It is not overwhelmed with psychological testing and the orientation is predominantly along biological lines. The book is based on a small symposium, held in 1983, at which invited experts reviewed their work. Half the book concerns brain asymmetry in non-humans, a field unrecognised until very recently and for the academically orientated it is useful to have information from diverse publications brought together. Of more direct interest to the clinical neurologist, however, is the remainder of the book. I would pick out particularly the reviews of human anatomical asymmetries by Galaburda and by LeMay, Kemper's chapter on the structural changes underlying dyslexia and Duffy's team writing upon computerised brain mapping of EEG activity during different mental activities. Finally, there is the intriguingly speculative chapter interrelating sex, immunity and cerebral dominance, by Geschwind and Behan. The message is that some intrauterine influence, possibly testosterone, may delay the development of the left cerebral hemisphere and lead to left handedness or in severe cases even to childhood dyslexia. The same influence, it is proposed, suppresses thymic function to cause the reported increased incidence of autoimmune disorders in left handers. Geschwind's introductory chapter is also a

good read and it is very sad indeed that he should have died, so unexpectedly, as the book was produced. Above all others, he was responsible for the revival of interest in higher cerebral function that has occurred amongst English speaking neurologists around the world in recent years, and he will be sorely missed.

JC MEADOWS

Clinical Pathology of Fibro-Osteo-Cemental Lesions in the Cranio-Facial Jaw Bones. (A new approach to differential diagnosis.) Edited by M Makek. (Pp 230; \$95.25.) Basel: S Karger, 1983.

The classification of "fibro-osteocemental lesions in the cranio-facial and jaw bones" has been a vexed question for many years, and our understanding remains hampered by the limited repertoire of the cells that contribute to the morphology of these lesions. The WHO produced a classification in 1971 and acknowledged that it will almost certainly have to undergo modification as further advances in knowledge take place. Dr Makek is therefore to be congratulated on producing this monograph in an attempt to remedy the deficiencies of the WHO classification.

Although the original is in German, I have not found the English edition difficult to read, and the historical background in particular makes fascinating reading, as there is always the constant danger that in the search for the new we forget the contributions of those who went before us.

Does Dr Makek's contribution make clear to us the muddy waters of this topic? To some extent it does, for he has pointed out the necessity for some clear-cut distinction to be made between the lesions that will behave in an aggressive manner and others which appear to have a limited growth potential and require less radical surgery. Of relevance to the neurosurgeon is the fact that the more aggressive of these entities may involve the fronto-ethmoidal complex and extend into the anterior or middle cranial fossa. In essence Dr Makek suggests that the entity "ossifying-fibroma" should be withdrawn in favour of two new terms "psammous desmo-osteoblastoma" and "trabecular desmo-osteoblastoma" to describe an aggressive neoplasm with a marked tendency to recur despite apparently adequate surgery. He also proposes two new entities "osseous keloid" and "periodontoma" to replace what is usually referred to as an inactive fibrous dysplasia

and a less aggressive "ossifying or cementifying fibroma". I find these proposed new terms less satisfactory. I see no reason for separating "psammous" from "trabecular", I am not clear why the prefix "desmo" is chosen, and I doubt very much if the cell of origin is an osteoblast. The need for a term like "periodontoma" to indicate multiple cytogenic origin denies intermutability of the mesenchymal cell. I am also unconvinced that the periodontal ligament is the site of origin of these lesions. The term "osseous keloid" presupposes that it is the bony equivalent of the skin lesion and would have to be substantiated by a history of trauma. A review, however, is not the place for extended debate of this nature. Dr Makek's contribution suggests that further clarification is possible. I can thoroughly recommend this monograph which is beautifully illustrated to all who have an interest in the subject.

KW LE

The metabolism of the Human Brain Studied with Positron Emission Tomography. Edited by Torgny Greitz, David Ingvar, Lennart Widén (Pp 535; \$116.00.) New York: Raven Press, 1984.

The brain, encased as it is within the skull, is an inaccessible organ. The hand can inspect, the breast palpated, the head auscultated, but the brain remains aloof and silent. The introduction by Ketner in 1945 of the nitrous oxide method for measuring cerebral blood flow (CBF) was a major break-through. It paved the way for a vast expansion of our knowledge of cerebrovascular physiology. Nevertheless, its usefulness was limited, a limitation which has been largely overcome by the development of positron emission tomography as a means of studying cerebral blood flow and metabolism *in vivo* in man.

The present volume, the work of experts from many disciplines, presents the state of knowledge in the field. New technical developments are given full coverage together with advances in relevant radiochemistry and tracer kinetic models. The application of this technology to the study of CBF and metabolism, protein synthesis and neurotransmitters and receptors is described. This is followed by clinical applications in neurology and psychiatry with particular reference to ischaemic and organic dementia and psychoses.

This is an authoritative work of value not