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 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 LEE

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 be inspected, the breast palpated, the lung auscultated, but the brain remains aloof and silent. The introduction by Ketty in 1945 of the nitrous oxide method of 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