Handbook of Critical Care in Neurology and Neurosurgery. Edited by Robert J Henning and David L Jackson. (Pp 288; £43.00.) Eastbourne: Holt-Saunders, 1985.

For too long neurologists in this country have ignored the problems of patients with acute neurological disorders and we have been slow to follow our trans-atlantic cousins in the study of the fascinating problems of this area of neurology which this short multi-authored book attempts to cover. The authors state that the aim of the book is to be "a reference of accepted techniques available for the diagnosis and treatment of acute nervous system illnesses", and overall it more or less achieves this aim. Like most multi-authored texts there is considerable variation in the standard of the chapters and some, like the first and last, are particularly weak. The first is an historical review but unfortunately it begins with a number of inaccuracies indicating that the author has never read the original work and contains little of substance. The author quotes from the Edwin Smith Surgical Papyrus which he claims was authored by Imhotep, Medical Adviser to Pharaoh *Yoser*, in the year 3500 BC. In fact, the papyrus dates from approximately 1700 BC and the author is unknown. There is some evidence to suggest that the papyrus is a copy of a much older work but no definite evidence that Imhotep was the vizier to Pharaoh *Zoser*. The last chapter has the interesting but incomprehensible title of "Human Death and High Technology: The Failure of Whole Brain Formulations" and deals with the problem of brain death in a rather discursive fashion. The writings of Dr Christopher Pallis have now clearly superseded this yet none of these are included in the references. Another weak chapter is that on *Acute Head Trauma* and this is disappointing in a book concerned with critical care. I was similarly disappointed in the chapter *The Treatment of Acute Stroke* as this contains many statements with which I would take issue. Does Dr Schwartzman really believe that all patients with a stroke should have a CT scan, stroke patients with cerebral oedema should be treated by hyperventilation, TIAs herald 50% of all strokes, or that anticoagulants have been shown convincingly to influence stroke evolution? It is a disappointing fact of life that there is no treatment that will influence the outcome of an acute stroke, though the recent studies relating prognosis to blood sugar level might open a therapeutic avenue. This work receives no mention.

The good chapters are very good and

these include Neuroradiology, Increased Intracranial Pressure, Subarachnoid Haemorrhage and Alcohol Related Disease of the Nervous System. I enjoyed the chapter on the Neurological Implications of Cardiopulmonary Resuscitation and particularly was pleased to see reference to the important work of Jorgenson on neurological signs and EEG changes in the early stage after cardiac arrest. My only criticism of this chapter is that I would like to have seen further data on prediction of outcome. As a neurologist this is the commonest question I am asked when seeing patients who are slow to recover following cardiopulmonary resuscitation. The best two chapters are those concerned with assessment of patients in coma. The first by Thurston and Leigh, on the *Neurological Evaluation of the Critically Ill Patient*, and the second by Caronna on the *Comatose Patient*. Perhaps the editors could have given clearer instructions to the authors as the two chapters cover a certain amount of common ground but as both contain so much common sense I cannot be too critical of this.

Overall then a mixed book but the good chapters carry the day and I think that all of us interested in acute neurological problems could benefit from a selected reading. The book is nicely produced but whether or not you would want to spend £43.00 on a hand book of less than 300 pages is a different matter.

NEF CARTLIDGE

Migraine: Clinical and Research Advances (Fifth International Migraine Symposium London 1984) Edited by F Clifford Rose. (Pp 280; \$74.50.) Basel: Karger, 1985.

Attending an international symposium on a topic of personal interest is always illuminating: you hear and see the contributors, you talk informally outside the main lecture theatre and exchange views, discuss problems and try out new ideas. But, even if one sits inside the conference hall from beginning to end, one cannot digest all the communications immediately; some need to be read and considered more deeply. Hence a book such as this is worthwhile, particularly if the participants brought some new ideas, which there are here.

MacDonald Critchley in the opening address reminds us, in his inimitable style, that in the past sixty years he has "witnessed the coming and going of overconfident theories and much vaunted remedies". This introduction contains much wisdom from a

migraine master.

The first section, clinical neurophysiology, is the most cohesive. A detailed study in classic migraineurs using electro-oculograms and electro-retinograms were normal. But visual evoked potentials using repeated flashes confirmed Golla and Winter's 1959 findings of positive photic following in 75% of migraineurs compared with 11% of control subjects. They concluded that neural transmission or cortical processing of visual stimuli were altered in migraine. A Belgian study measuring visual evoked potentials in the cortex and a report from Italy using auditory brainstem responses also support a neural disturbance in migraine.

The pathogenesis section contains some interesting papers; only some are selected for mention. Opioids, enkephalins in blood and CSF give conflicting results but serum gastrin was increased in migraineurs with dyspepsia during attacks compared with interictal periods and contrasting with a "mixed headache" group. This section ends with Jes Olesen's Cummings Memorial Lecture in which he described spreading oligoemia from the occipital cortex forwards in classical migraine.

In the cluster headache section there are two new observations: increased immunofluorescence for substance P and 5HT, as well as increased number of mast cells in the skin of the temple on the affected side of cluster headaches. From Australia, Anthony stopped bouts of attacks ranging from five to seventy-three days by injecting the ipsilateral occipital nerve with local anaesthetic and 120 mg methylprednisolone in polyethylene glycol—a surprising innovation.

The non-drug therapy section ranges from acupuncture, biofeedback, psychotherapy, dietary management, and ends with a question mark by Maurice Lessof "Migraine: How much is due to allergy?"

The drug therapy section contains two new substances. A calcium channel blocker and a selective inhibitor of neuronal 5HT receptor, the latter used in acute migraine attacks. Also an interesting paper on plasma propranolol levels—not correlated with headache relief, but slowed pulse rate was related to reduction in migraine frequency.

Most papers are short with small numbers of relevant references. The book is worthy of reading by those interested in migraine treatment and research. The publishers deserve our thanks for the clearest print I have seen for years on beautiful matt paper without that irritating light reflection.

JN BLAU