than the question which those with more restricted resources have to address first, namely "should one monitor?" In its aim, this book succeeds very well; it will be of interest to all involved with evoked potentials, whether or not they have a background in clinical neurophysiology.

NMF MURRAY

Modern Neurosurgical Giants. Edited by Paul C Bucy. (Pp 497; \$69.25.) New York: Elsevier, 1986.

First, the dilemma: it may not be easy for an elderly neurosurgeon, himself of limited stature, to convince readers that he is reviewing objectively this book devoted to his gigantic peers. If he is severely critical, a charge of "sour grapes" might be justified; if he praises, he may be thought to be straining to avoid that charge. As for a bland notice—well, there are quite enough of those already, now that they are signed.

This book is a successor to Dr Bucy's collection of potted biographies of an earlier generation, *Neurosurgical Giants: Feet of Clay and Iron*, and has chapters on pre-Inca craniotomies and Arabian Neurosurgery thrown in for good measure. No fewer than 84 giants are listed; no fewer than 48 of which are to be found in North America. Among the rest, six are from the United Kingdom; but only one each from the USSR and Germany, where their scarcity will come as a surprise to many. None is from the Editorial Committee of this journal. Several are not actually neurosurgeons, but have, "made major contributions" to the specialty; they include a nurse who is the wife of one of the other giants. I am glad to see some very dear friends here; but they will, I feel sure, be giant-hearted enough to understand and forgive me if I say that it is rather an odd collection in which they find themselves. Dr Bucy's diagnostic criteria for gigantism are not entirely convincing, though he himself is in no doubt that these 84 are all truly neurosurgical giants, and he anticipates a need for a third volume. The quality of the biographies themselves is variable; some are exceedingly good and have been a pleasure to read. There is however an unevenness among the others which themselves suggest an unevenness of stature among the giants they are trying to portray. There are two sets of mutual biographies.

All in all, this seems to be an instance of an admirable practice getting somewhat out of hand. Americans are given to saying nice and often fulsome things about each other. That is fine in the USA, where they know the

conventions. The British employ rather more complicated forms of dissimulation, and readers will adduce for themselves reasons why a book like this would not arise in this country. One difference between American and British attitudes is exemplified by that of the super-giant, Godfrey Hounsfield, who was "unwilling to co-operate". Although Dr Bucy attributes this to his modest and retiring nature, it is also possible that Hounsfield simply might not have wished to be thought of as a neurosurgeon, when he isn't one. Aside from these considerations there is also Gilbert's moral: "In short, whoever you may be, to this conclusion you'll agree: when every one is sombodee, then no-one's anybody".

JOHN POTTER

Subarachnoid Haemorrhage: Aneurysms and Vascular Malformations of the Central Nervous System. By RS Maurice-Williams. (Pp 431; £55.00.) Bristol: Wright, 1987.

Most books on subarachnoid haemorrhage are of the "gee wizz" variety; an individual surgeon's diary in which he demonstrates his considerable operative skill with difficult aneurysms. This book is a much needed and welcome change from that genre. It is an eminently readable, extensive review of subarachnoid haemorrhage, all by a single author, containing 1,231 references. For one person to gather so much information and produce it in a readable form is no mean feat and makes the result all that more impressive.

Like any review of subarachnoid haemorrhage this book is mostly about aneurysms. There are, among others, sections on pathology, epidemiology, presentation, natural history and peroperative management. There are also a few concluding chapters on arteriovenous malformations.

The management of subarachnoid haemorrhage outlined by the author reflects the British viewpoint, and perhaps even an English one at that. This management is sometimes a compromise. For example, our admission policies for patients with subarachnoid haemorrhage are a compromise based on history, geography and resource constraints. We ought not to pretend otherwise and suggest they have a sound medical base. Similarly the first investigation of choice in a patient with a suspected subarachnoid haemorrhage is a CT scan, not a lumbar puncture. The lumbar puncture is done only if the CT scan is negative or if there is no early access to scanning. The

latter reason is a resource constraint not a medical one.

I had hoped this book would eliminate what I call the "continuation defect". Unfortunately it has not. Most of us will recognise the problem. Speculative causes of disease which no one has ever seen are handed on through generations of text books only to become fact for the undiscerning medical student or examination crammer. Similarly with investigations. Once they become obsolete we are afraid to drop them and they continue to be mentioned. There is no place for the skull radiography or isotope scanning in patients with subarachnoid haemorrhage and rather than mention them in the book they should have been excluded.

When writing a medical text book it is correct that, as has happened here, the author stamps his/her personality and in particular policies on it. It must, however, be consistent. If the evidence clearly indicates one course of action the author should say so. In this the author is inconsistent. Take as an example the use of antifibrinolytics. The evidence is that they are not indicated. The author should say so rather than leave it open. Compare this with the pre-operative use of anticonvulsants. He writes as if they are compulsory, despite the fact that there is little evidence to support their use.

I was pleased to see the limited space given to the operative details. I was, therefore, surprised that the "Poole" approach for anterior communicating artery aneurysm was mentioned. Surely nobody still uses it. Similarly there is no value in clipping the anterior cerebral artery for anterior communicating aneurysms. Do some surgeons still remove the superior temporal gyrus for middle cerebral aneurysms? What's wrong with splitting the fissure?

Although the production is very good it is a pity that some of the CT scans are from an older machine. Some other pictures, in particular the one of a craniotomy, serve no useful purpose and should have been omitted.

I have been hypercritical of this book and a large part of my review is taken up with such comments. The space I have given to them is, however, out of all proportion to their importance. Overall the book is an excellent review of subarachnoid haemorrhage and one which I will use regularly. There are no omissions in detail or subject. It will be of great benefit to the general physician, the neurologist and the neurosurgeon, all neurosurgeons, not just those in training.

S GALBRAITH