Respiratory Emergencies. By E H Sawicke, M A Branthwaite. (Pp 88; £7.95.) Guildford: Butterworth Scientific, 1988.

This small volume, written by two respiratory experts from the Brompton Hospital, is aimed at relatively junior doctors who may be faced with respiratory emergencies largely within the hospital environment. There are ten chapters, the first covering the diagnosis of respiratory failure and the others the management of the commoner forms of respiratory failure such as central respiratory depression, acute asthma and pulmonary embolism. Each topic is presented in two sections, firstly clinical features and then management. The approach to management is simple, clear and practical, born of experience. A wealth of useful information is compressed into a mere 80 pages and inevitably the succinctness of the prose means that every sentence needs to be carefully read and considered.

There are clear line drawings and tables but the radiographs shown are rather small and lacking in detail. The ECG traces would be more useful if the salient features were pointed out rather than assuming the reader knew what to look for.

At £7.95 this paperback is a good investment for any house physician, house surgeon, casualty officer and intensivist in training.

L LOH

Endovascular Treatment of Craniofacial Lesions. (Surgical Neuroangiography Vol 2.) By P Lasjaunias, A Berenstein. (Pp 450; DM 298.00.) Berlin: Springer Verlag, 1987.

Embolotherapy for lesions in the head and neck has been performed in many centres over the past 10 to 15 years. Nevertheless, it is difficult to assess the real value and efficacy of the techniques used in different pathologies because, even in published series, only small numbers of patients have been treated. These two expert "surgical neuroangiographers" have extensive experience and they have distilled this into an excellent textbook which draws together technical, theoretical and practical aspects of embolotherapy and lays out the basis of the indications for its use in the cranio-facial area. The book begins with a reasoned discussion of patient preparation, type of catheter and delivery systems and embolic agents; the major indications for their uses, the ease with which they can be used and their relative hazards are described. The authors then discuss different pathologies,

for example, dural and bony tumours, nasopharyngeal tumours, arteriovenous fistulae, dural arteriovenous malformations, cranio-facial haemangiomas etc. Each topic is considered in detail including epidemiology, pathology, clinical findings and natural history, pre-therapeutic evaluation and the technique of embolisation. There are also special sections on complications and management problems.

The text is liberally illustrated with high quality angiographic studies, clearly labelled and explained by a detailed step-by-step description of the abnormality and the treatment undertaken. The authors' wide experience gives authority to their views about the indications for embolisation, the likelihood of either success or failure to eliminate a tumour or malformation, and the risk of side-effects.

This book provides an excellent base upon which clinicians and radiologists not yet engaged in craniofacial embolisation can begin to develop such a service. The authors' successful results in established techniques and in innovative areas are a challenge to those who already practice these techniques. The book is the second in the series of four by the same authors; it can be read in isolation, but there are many intriguing references back to the first volume on the complexities of the normal craniofacial vasculature which made one wish to have a copy!

This expert fully referenced text of almost 450 pages costs DM 298 and will be an asset to clinicians in many specialities whose remit includes pathology in the head and neck. It will be invaluable to all radiologists involved with craniofacial embolisation. The book stresses that the crucial factor in successful surgical neuroangiography is a close, informed clinical/radiological co-operation. This book goes much of the way to providing the information upon which such a collaboration can be built. It should be available in the departmental and hospital libraries in all institutions where head and neck lesions are treated and will be of particular interest to plastic surgeons, ear, nose and throat surgeons, neurosurgeons and neuroradiologists.

E TEASDALE

Van Allen's Pictorial Neurologic Tests, 3rd ed. By Robert L Rodnitzky. (Pp 247; £16.00.) Chicago: Year Book Medical Publishers. UK Distrib: Wolfe Medical, 1988.

This is described as a guide to the performance and interpretation of the neu-

rological examination and is aimed at medical students and junior hospital doctors. This is the third edition, indicative of the popularity of this work. The first section (73 pages) concentrates on history taking and the basic neurological examination with particular attention to the cranial nerves, motor functions, reflexes and sensory findings. The next section (about 100 pages) covers the application of the examination in the interpretation of abnormal signs and syndromes. This is the strength of this work which is well illustrated with simple diagrams. There are very good sections on cranial nerve disorders and root compression and peripheral nerve entrapment syndromes. There is also a useful section on the examination of the infant with clear documentation of normal developmental milestones.

The final section (over 50 pages) describes briefly laboratory investigations with particular emphasis on electrodiagnostic studies, and radiology—the last including CT and MRI scanning. There are descriptions of brief tests of cognitive function and lumbar puncture.

My criticisms are few. Inevitably in a book of this length details of clinical problems may appear uneven or sketchy; for example the findings in strokes are only briefly described. In Figures 86 (E) and 98 (C) the hatching or shading appears to be missing. Autonomic function is poorly covered: the use of variations in heart rate is not mentioned.

It is produced as a paperback with some, what small print (for elderly eyes) and is too large for the pocket, but the cost is reasonable. In my view this work will secure a place in the instruction of the readers for which it is designed. How well it will compare with rival works as those of Bickerstaff's "Neurological Examination in Clinical Practice" and Ross's "How to Examine the Nervous System" is uncertain: I find these last two works superior although with a different format.

T FOWLER

Clinical Management of Dysarthric Speakers. Edited by Kathryn M Yorkston, Kathleen R Bell, David R Beukelman. (Pp 397; £25.00.) Basingstoke: Taylor and Francis, 1987.

There are not many books on dysarthria—and few, such as this, which cover aetiology, neuropathology, assessment and diagnosis

of speech characteristics, plus medical and communication management. This book brings together the medical, the speech science and the management aspects of the subject.

The authors, Yorkston and Beukelman, are clinical speech pathologists. Bell is a medical doctor working in rehabilitation: she provides a review of medical issues related to dysarthria. There is a chapter on the "Neuromotor aspects of Speech Production and Dysarthria" by Dr Michael D McClean.

According to a survey conducted in Washington, the condition of dysarthria constitutes 12% of the clinical case load treated in US speech pathology departments. The emphasis of this book is essentially clinical. Each chapter starts with a statement on "clinical issues" and in most chapters actual case histories are presented to illustrate particular disorders and their clinical management.

Throughout the book there are useful summaries which highlight various speech, acoustic or perceptual characteristics of the different forms of dysarthria—as well as the research studies conducted in the relevant areas. These give overviews of the neural basis of normal speech production, the neuromotor disorders seen in dysarthria and the physiological approaches to the measurement of those disorders.

The first three chapters contain general information, including the clinical perspectives on dysarthria which the authors define—chronic disorder, impairment, disability and handicap. Differential diagnosis distinguishing between motor speech disorders from language disorders and apraxia of speech from dysarthria is covered with a supporting background of current research literature.

Chapters 4, 5, and 6 provide the background to four aetiologies of dysarthria—congenital, acquired, non progressive and degenerative. The degenerative conditions mentioned are Parkinson's disease, progressive supranuclear palsy, dystonia, Huntington's chorea, Friederichs ataxia, Wilson's disease, amyotrophic lateral sclerosis (motor neuron disease), multiple sclerosis and myaesthesia gravis. Each is given a survey from the medical, neuropathological assessment and managements point of view.

Chapter 7, entitled "Assessment and Treatment Planning" provides an overview of evaluation including both perceptual and instrumental approaches to measurement. The remaining chapters, 8–13, provide information on intervention and clinical management.

Chapter 8, "Transition to Speech with Severely Dysarthric Individuals", reviews techniques for establishing early communication and physiological support for speech. Chapters 9 to 13 cover the aerodynamic aspects of speech production, respiration, phonation, velopharyngeal function (resonance), oral articulation and prosodic suprasegmental features—and their relationship to the breakdown of speech production and intelligibility in dysarthric speakers. These chapters also discuss the specific treatment techniques required for the selective breakdown of each speech parameter, as well as the management of the disorders.

This book succeeds in its objective to give guidelines on all aspects of the clinical management of the dysarthric speaker. There are some weaknesses, however. One is that the book fails to cover the area of evaluation comprehensively. There are three ways to evaluate dysarthric speech:

(a) Instrumentation, (b) Intelligibility ratings—perceptual analysis, (c) Formal test procedures. Instrumentation methods and intelligibility ratings are covered in the book, but one of the most frequently used methods of speech assessment is the formal test procedure and no mention is made of this. Nor are two of the most frequently used British dysarthria tests mentioned.^{1,2}

Another area given little attention is the possible co-existence of dysphagia with dysarthria in some degenerative disorders.³ As speech clinicians are becoming increasingly involved in the assessment and remediation of swallowing disorders, this is an important omission.

Apart from these relatively minor criticisms, this book is a useful textbook for the audience at which it is directed—the graduate student and practising speech and language pathologist interested in neurogenic communication disorders. Some chapters would be of use to the speech scientist as well as to the neurologist.

RENATA WHURR

References

- 1 Robertson S. *Dysarthria Profile* Bicester, Winslow Press, 1982.
- 2 Enderby PE. *Frenchay Dysarthria Assessment* San Diego, College Hill Press, 1983.
- 3 Logeman JA. *Evaluation and Treatment of Swallowing Disorders* San Diego, College Hill Press, 1983.

The Neuropathology of Temporal Lobe Epilepsy. (Maudsley Monographs No 31.) By C Bruton. (Pp 158; £20.00.) Oxford: Oxford University Press, 1988.

This interesting book presents the results of a study of 250 temporal lobes removed at operation for temporal lobe epilepsy by the late Mr Murray Falconer. These specimens were originally examined pathologically by Professor Corsellis whom the author acknowledges as directing the study. The author begins by describing the criteria by which the cases have or have not been included in the series as well as the pathological classification which has been followed. The latter is given an extended treatment and is well illustrated. In this section the reader can appreciate the difficulties met by the pathologist in the interpretation of the pathological changes, for some of which the classification still remains controversial.

The various pathological diagnoses are then listed according to age, sex, and side and the factors predisposing to temporal lobe epilepsy are subsequently discussed as well as the effects of the operation. A detailed description of the pathology of the various types of lesion and the frequency with which they occur in this large group of temporal lobes is followed by an appendix.

I found a considerable degree of objectivity in the way the results are presented and the conclusions drawn. The author does not conceal the fact that in some patients, especially those who suffered trauma of whom the pathology was not definite, the temporal lobes are better left in place although it is difficult to decide in advance whether a temporal lobe should or should not be removed. Some readers might find part of the classification rather unusual: refer in particular to the "alien tissue lesions". However, although most of the abnormalities included are interpreted as tumours, one has to accept the fact that the non-progressive nature of others makes them more likely to be malformations, thus explaining the need for more general though strange, labels. The extensive and detailed account of the "Ammon's horn sclerosis" seemed to me particularly useful. This is a well known entity and is the commonest lesion in the present series but its pathogenesis and its role in the production of temporal lobe epilepsy are still unclear. The author does not present any definitive interpretation, but rather focuses the attention of the reader on a problem that still needs investigation.

In conclusion, a valuable book which, by intelligent use of a large series of specimens,