Acute Aneurysm Surgery. By K Sano, T Asano, A Tamura. (Pp 300; DM 220.) Vienna: Springer-Verlag, 1987.

Japanese neurosurgery in general and Sano's group in particular has made a formidable contribution to the development of acute aneurysm surgery and challenging the conventional wisdom about timing of operation. In a delightful preface, Professor Sano describes how the first Shogun probably died on 13 January 1199 of a rebleed following an initial subarachnoid haemorrhage on 31 December 1198, when he fell from his horse during the opening ceremony for a new bridge. Following a brief introductory chapter that places the various problems in context, there follows a most useful review of the pathophysiology of both immediate and delayed ischaemic neurological deficits. The authors are clearly wedded to the concept of proliferative vasculopathy as the basis for "cerebral vasospasm" and do not quote all the contradictory literature. Chapter 4 is an authoritative review of the possible relevance of the metabolism of membrane lipids and eicosanoids to cerebral vasospasm and ischaemic brain damage based both on the literature and Asano's very substantial personal contribution to this subject. Tamura reviews the problems of clinical grading of patients with some useful new data comparing aspects of the Glasgow coma scale with the Japanese scale. There now appears to be a consensus with publication soon of the World Federation of Neurosurgical Societies' clinical grading system. There is an interesting subsection on recurrent haemorrhage during angiography together with a detailed review of the prognostic value of CT scanning.

The authors recommend, from a review of over a thousand cases, that, if the patient presents within the first forty-eight hours after subarachnoid haemorrhage, microsurgical exclusion of the aneurysm with removal of subarachnoid blood clots is indicated for good grade patients but to be avoided in poor grades and in patients over 60 years of age. Post operatively, treatment with induced hypertension, volume expansion and a variety of cerebral protectors may be required. After 48 hours, their policy is to operate on good grade patients at any time, but to defer surgery in the poorer grades until they improve. Any deterioration leads to further postponement. They would recommend aggressive surgery for intracerebral haematomas with clipping of the aneurysm at the same sitting—such a policy resulted in a useful social life for forty-eight per cent of their cases.

Tamura provides a critical review of aspects of perioperative care and various drug trials. My only criticism of this chapter, which is common to almost all books on subarachnoid haemorrhage, is that there is no critical statistical analysis of how large such clinical trials have to be. There are too many trials of under a hundred patients in the literature when at least five hundred patients are usually required to determine whether a drug reduces the instances of delayed cerebral ischaemia for example. There is an exciting suggestion that a free radical scavenger may be useful but again a large double blind control trial is now necessary. Finally Sano reviews the microsurgical techniques required for various types of aneurysm and demonstrates that line drawings can be used with success to illustrate such surgery. The book concludes with over 650 references.

This book is one of the few sources in the literature which really gets to grips with the problem of delayed ischaemia after subarachnoid haemorrhage and does not simply regurgitate what has been written previously elsewhere. In 289 pages it is not a comprehensive account of all aspects of cerebral aneurysms and subarachnoid haemorrhage, but that was not the authors intention, and the book should be available in all neurosurgical departments.

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Stroke and Microcirculation. Edited by J Cervos-Navarro, R Ferszt. (Pp 600; \$146.50.) New York: Raven Press, 1987.

Over 200 contributors and 95 "chapters" suggest conference proceedings, but if this is the case, then there is no mention of either topic or venue in the introduction. Nearly all the chapters are written in the style of brief scientific papers (introduction, methods, results and discussion) and while most have something to do with the title of the book, many do not. There are, for instance, papers on bacterial infection, epilepsy, experimental hydrocephalus, tumours, immunology and head injury.

The chapters are grouped under six main headings: ischaemia, oedema, hydrocephalus, intracranial pressure and diffuse cerebrovascular disease. With the exception of the last group, almost all deal with animal work. They are of variable interest, depending on the particular bias of the reader. Poor continuity and annoying overlap are probably inevitable with so many

chapters and this is a book to dip into with a specific inquiry rather than read as a whole. The references also suffer from some overlap but are generally comprehensive up to and including 1986.

The last section is the most clinically orientated. Entitled *Diffuse cerebrovascular disease* it includes papers on stroke and dementia. PET scanning is compared with other diagnostic imaging modalities in stroke and head injury, but these studies serve only to confirm that the most exciting machines no not necessarily generate the most exciting hypotheses. A paper on dementia claims that SDAT can be reliably differentiated from MID by MRI scanning but the study lacks credibility because no mention is made of mixed dementia (SDAT plus infarcts) which occurs with much greater frequency than pure MID.

This book will interest the experimental neuroscientist even if only as a source of reference. The clinician, however, will be disappointed by the lack of papers with either direct or potential applicability to man. There is no mention, for instance, of recent work on excitatory neurotransmitter antagonists in the context of cerebral protection against experimental ischaemia. Despite the book's title, none of the chapters deals with the pathophysiology of stroke in man and at \$145.00, this is not a book for a departmental library.

Occlusive Cerebrovascular Disease: Diagnosis and Surgical Management. By Thoralf M Sundt. (Pp 506; £80.00.) London: WB Saunders, 1987.

This book is written primarily for higher surgical trainees in neurosurgery and vascular surgery. It is largely a compilation of papers submitted to neurosurgical journals addressing a variety of neurovascular topics. There are several good chapters by invited co-authors, such as the chapter by JT Lye on the pathology of atherosclerosis, the chapters on radiology of cerebral ischaemia and the chapter on anaesthesia for vascular procedures by John D Michenfelder. A chapter on vein bypass graft patency is co-authored by the author's son, himself a trainee in vascular surgery. Although this book will be of only limited interest to the majority of neurosurgeons, it is a useful reference particularly for technical aspects of endarterectomy and bypass grafting, and neuro-anaesthesia for vascular procedures.

Only occlusive cerebrovascular disease is