Book reviews

Depression and coexisting disease. Edited by ROBERT G ROBINSON and PETER V RABINS. (Pp 242; \$29.95.) Igaku-Shoin Medical Publishers Inc, 1989.

This book contains 16 chapters written by 27 authors, most of whom are American psychiatrists. Most of the chapters deal with depression in groups of diseases such as cardiac, renal or endocrine disease. Four chapters are of specific neurological interest: depression in stroke, Alzheimer's disease, Parkinson's disease and multiple sclerosis respectively. I wondered why epilepsy had been omitted. Two chapters, on depression in chronic pain and in Aids are perhaps of less direct interest. The authors assume a working knowledge of the American Psychiatric Association diagnostic criteria, DSM III—R which, I believe, few British neurologists will have at their finger tips. Certainly, the statement that 98 per cent of chronic pain patients have 'DSM III axis 1 disorder' and 37 per cent an 'axis 2' disorder did not do much for me.

Depression is surprisingly common in unselected patients both in primary care and on hospital wards. The 'neurological' chapters indicate that depression in these conditions may be more common than would be expected, given the chronic illness and disability. Various hypotheses are offered, some chapters attempting a brief general review of the subject, some concentrating on the authors' own research.

This book is intended for primary care physicians and psychiatrists. I doubt if it is of interest to British neurologists. It is of little help as a practical guide and offers (even to a neurologist) little new in the way of therapy. Those with a more specialist interest in the specific neurological diseases covered in these chapters will almost certainly find better accounts elsewhere.

BRF LECKY

Computed Cranial and Spinal Imaging A Practical Introduction. By JOHN M STEVENS, ALAN R VALENTINE and BRIAN E KENDALL. (Pp 248; Price not stated.) Heinemann Medical, 1989.

This book is a sequel to *A Practical Introduction to Cranial CT* which was first published in 1981, though only one of the authors has been involved in both publications. It is both exciting and disturbing to witness the development of the intervening seven years which made the new edition overdue.

The original publication reflected the pre-eminent position that CT had attained in

neuroradiology, however the images were mainly from the EMI 1010 scanner, and they look outdated now. "*Computed Cranial and Spinal Imaging*" emphasises the importance of MRI, and inevitably it is a rather larger book. The practical layout is similar to its precursor, with chapters on cranial pathology grouped around anatomical compartments such as the extracerebral spaces. The chapter on neuroanatomy is much more detailed than before, as befits the demand of modern CT and MRI, though on occasions I felt it was excessively detailed for a text of this sort. Inevitably there is discussion of the basic physics of MR and of imaging sequences, some of which is only intelligible if you think you already understand it. The section on the petrous bone is new, as is a fine chapter on the spine. The images are generally good and are reproduced as well as can be expected for a book that is cheap by radiological standards. Figures 5:7 and 7:14 have been wrongly orientated by the publisher, but I could find few other errors. In places the emphasis of the text is unbalanced by the individual interests of the authors, such as in the discussion of deformation of the cord.

The first edition became the standard text for newcomers to neuro-radiology. This new edition fulfills that task, but has a much broader scope and will be of value to more experienced clinicians as well. I think it is a superb book.

R BARTLETT

Advances in neuro-oncology. Edited by PAUL L KORNBILTH and MICHAEL D WALKER. (Pp 560; \$75.00.) Futura Publishing Co, 1989.

This multi author book, edited by Paul Kornblith and Michael Walker, is divided into three major sections dealing respectively with basic studies in brain tumour biology, diagnosis and therapy.

The first section is by far the longest and contains extensively annotated review articles on cell-type specific markers, parameters of glial differentiation, tumour antigenicity, tumour angiogenesis, and discussions of the importance of the fibrinolytic system, of oncogenes and of virus initiation of CNS tumours. Each article has a helpful introduction and summary although the meat of the contributions would be of primary interest to those working in the field. References to the literature are both copious and up to date.

The chapter on imaging in diagnosis gives a useful overview, but is marred by the poor quality of many of the pictures. The remainder of this section covers the expanding field

of the use of mono-clonal antibodies and the value of CSF studies in the management of brain tumours. As with the rest of the book, there are copious and helpful references to the literature in these topics.

The value of image guided stereotaxy is covered in a rather disappointing chapter detailing experience with the BRW system until 1985. The considerable advances in instrumentation over the last two or three years was not covered.

The last section of the book is concerned with treatment: there are clear and comprehensive chapters on radiobiology, external beam irradiation and brachy-therapy, whilst chemotherapy, immunotherapy and differentiation therapy are all well covered.

This not unreasonably priced book can confidently be recommended for a place in any neuroscience library and gives excellent source references for those who wish to read more widely.

AE BOOTH

The Diagnosis and Management of Orbital Tumours. Edited by EDWARD R LAWS, JR. (Pp 316; Price: \$55.00.) New York: Futura Publishing Co, 1989.

The forward indicates that this is the first book dealing with orbital tumours by a neurosurgeon since Dandy's famous book in 1941. The book has been supported by a number of other experts in ophthalmology, radiology, neurosurgery and otorhinolaryngology who have written several of the chapters. After a brief review of the anatomy of the orbit there are 60 pages on clinical neurophysiology which seem to relate visual fields to neurophysiological assessment. There is discussion of patterned ERG's and a number of case histories. This is followed by chapter on diagnostic imaging with a large number of skull x-rays and optical canal views which would now seem irrelevant in the diagnosis of orbital lesions.

The standard of illustration is not of high quality and there is no mention of refinements of MRI scanning such as the use of gadolinium and STIR sequencing. The main thrust of the book is on transcranial surgical approaches to the orbit and this obviously relates to the interest of the author. The final chapters are on meningioma where the optic nerve sheath meningioma is covered in less than a page and there is also a short chapter on optic nerve gliomas. There was no major mention of thyroid ophthalmopathy and metastatic disease which are some of the commonest conditions to affect the orbit.

In conclusion: this small book gives a neurosurgical approach to orbital diseases and tends to be mainly concerned with surgical aspects of orbital disease rather than the wide variety of medical and paediatric conditions that might affect it.

MD SANDERS

Neurosurgical Treatment of Persistent Pain Vol. II Pain and Headache. By JAN M GYBELS, MD, PhD and WILLIAM H SWEET MD, DSc, DHC, FRCS Ed(Hon) Series Editor: Ph L Gildenberg (Pp 442; Fig: 70; Price: US\$129.50; £88.20.) S Karger AG, Basel, 1989.

This book is important because of its history and its authors. It is really a continuation of the classic *"Pain and the Neurosurgeon"* published in 1969 by White and Sweet which was itself an update of White and Sweet's 1955 book on the subject. Sweet has an extraordinarily wide experience of neurosurgery at Harvard, particularly related to pain. He has an encyclopaedic command of the literature and has maintained close touch with basic scientists. His younger co-author of this book is head of neurosurgery at Leuven with a very critical approach to his wide experience of surgery and, in addition he has contributed in substantial ways to clinical neurophysiology by way of micro-neuronography.

This book provides as near to an authoritative statement on the role of neurosurgery for pain as you will get. However even here it is curiously difficult to unravel a clear answer. It is obvious that the role of neurosurgery is decreasing. One reason for this is that newer drugs such as Tregretol and new usage of old drugs such as morphine have successfully treated some patients who would previously have been candidates for surgery. Others respond to the electrical stimulation of peripheral nerves which Sweet and I introduced. Other groups respond to cognitive-behavioural treatment programmes. The consequence is that surgeons see fewer patients who are more intractable than ever. Unfortunately the results in the literature of the success of surgical intrusion often refer to patients who are no longer the subject of surgery. Intractable patients include those with nerve damage and the particularly sad group with iatrogenic nerve damage.

Gybels and Sweet note ruefully that Fields' 1987 book on pain contains only four pages on all forms of surgery, that he omits mention of sympathectomy, cordectomy and cingulotomy and that he is sceptical about

the usefulness of many other types of surgery. They add "We do agree with Fields' thought that the neurosurgical management of severe chronic pain remains in general in an experimental phase in which respect we say it resembles closely the non-neurosurgical management of such pain". That is bad news all round because it means that they are not in a position to give us a straight answer about the effect of surgery on pain.

How long does an experimental phase last? Let us take facet rhizotomy as an example. This operation has been carried out since 1960 on tens of thousands of back pain patients. Unhappy about the literature, the authors turn to an expert Don Long, and write "He has no follow-up assessment of patients thus treated at Hopkins since 1980 and consequently is not prepared to make a statement on the indications for or results of the operation. Neither are we". It would be illegal to try a new drug for 30 years and be unwilling to make a statement. If we take another example of reporting on the effects of surgery, the authors doubt that there is any difference in the effectiveness of two types of trigeminal neuralgia surgical treatment particularly if long term follow ups are included. However when they purposely carry out a poll of postoperative complications of microvascular decompression, which is reported to have a low complication rate, they find that 27 services have had 32 deaths or permanently disabling sequelae. The authors of this book are clearly most persistent scholars but they are also gentlemen who do not wish to offend their colleagues. You therefore have to read between the lines. When they conclude on percutaneous compression of the trigeminal ganglion "These enthusiastic accounts may initiate much wider use of the method" you begin to guess that it is going to be a long time before Gybel's or Sweet's patients have their trigeminal ganglia compressed.

With all their careful critical approach to the literature and to their own vast experience, clear answers are not always available even if written in their gentlemanly code. Some operations have simply not been done on enough comparable patients, adequately examined and followed. Very few patients have been assessed by independent observers which must become the surgical equivalent of the double blind test of drugs. Operations are assessed on the basis of rationale even when the rationale no longer makes any sense. For example, central myelotomies are treated as different operations at different levels because the surgeons thought they were aiming at different targets.

This book is undoubtedly the best on the

subject and is written by the best qualified authors. It is difficult to read because it must have been difficult to write because the authors had to doubt politely the enthusiasms of their friends and colleagues who insisted that they had the answers where none exist.

PATRICK D WATSON

Introduction to Neuroimaging. By WILLIAM V ORRISON, JR. (Pp 384; Illustrations: 489 Radiog. Price: £43.50.) Edinburgh: Churchill Livingstone, 1989.

The author's ambition is to introduce the neuroimaging modalities currently used and particularly those which have an important part to play in modern neuro-diagnosis. This is reflected in the large proportion of the text devoted to magnetic resonance imaging and computed tomography. A short nuclear medicine chapter is mainly devoted to unimodal conventional technetium scanning of the brain, cerebrospinal fluid flow imaging and radionuclide cisternography. SPECT is briefly but adequately portrayed, but in the opinion of the reviewer it would have been better to omit the former methods in favour of a more detailed consideration of the research implications and potential clinical applications of PET.

To adequately cover the more common and important neurological conditions in a short text is always difficult, but the author has generally managed to do so, and includes many uncommon conditions in the differential diagnosis. In such a book, one might expect fundamental features to be presented to the exclusion of some quite important details. Most of the description is indeed concise and accurate; there are good references containing expanded accounts of most of the briefly described conditions, and there is a good index which makes the book useful for reference. However, unfortunately, blanket statements are made which contain significant inaccuracies. These include for example, that dural angiomatous malformations are exclusively supplied from the external carotid artery (p 262), and that normally the thalamostriate and internal cerebral veins are the first ones to fill in carotid angiography (p 272). Some conditions are included in differential diagnosis which are so rare as to be misleading, such as metastases as a cause of suprasellar calcification, temporal glioma as a cause of middle ear mass lesion, and free fat in CSF space occurring in conditions other than ruptured dermoid. Occasionally, reliable signs used in differential diagnosis are not mentioned, such as visualisation of the