
Stroke is a vast topic which, while remaining a challenge to the practising clinician is even more so to an Editor producing a book attempting to give an insight into the current state of cerebrovascular disease. However, Awad has drawn on a number of experts and has provided a high quality book, well written with a useful and practical body of knowledge. I found each chapter to be well written and the organisation of the book is such that it is set out in a logical and well constructed order.

Many aspects of cerebro-vascular occlusive disease are considered such as the natural history, diagnostic evaluation, risk factors, medical therapies and indications for surgery. I found the chapters on Medical Management, Indications for Surgery and Carotid Endarterectomy to be particularly well laid out and the editorial commentary on a number of the chapters to be instructive. The chapter on haemorrhage of cerebral blood flow and ischaemia seemed too long, it could have been successfully shortened while containing all the relevant information.

I found this to be an excellent publication well written by authorities in their respective areas of expertise. Each of the chapters is followed by an extensive bibliography which allows the interested reader to gain additional information. This readable monograph would be extremely useful to the practising Neurosurgeon, Neurosurgeons trainee and Physicians requiring practical and clear information about the complex and vast subject of cerebro-vascular occlusive disease.

G NEIL-DWYER


This is an excellent account of the management of head injuries written as a guide for junior doctors in accident/emergency, orthopaedic or general surgery. As the preface points out it is they who manage 90% of head injuries, many of which as well as four or five times this number who come to accident departments and are sent home. It is, however, more than a set of practical principles because it describes some of the basic pathophysiology in clear terms. There is a section on operative surgery, aimed at the amateur. The text is broken up by line diagrams, some skull x-rays and CT scans, and boxed summaries of essential points. There are a few references after each chapter, rather more of which are to American sources than they need have been. As head injuries are increasingly recognised as an important problem there is no shortage of books on the subject. This one certainly fulfils its stated aim and is to be recommended.

BRYAN JENNITT


This is a most excellent book. The editor presents the best of the North American approach to basic sleep research, the measurement of sleep-wakefulness and the approach to a patient with sleep complaints. Two thirds of the chapters are about clinical aspects and 39 authors contribute. This is not a conference proceedings volume. The chapters are succinct, sharply focused, wide-ranging and with excellent figures and bibliography. Some are virtuoso. These include that by Robert McCauley on the neurophysiology of sleep, and the basic mechanisms of the control of wakefulness; Sharon Keenan on how to do a polysomnogram; and Roger Broughton on the parasomnias. All are good. The very latest neuroimaging techniques with phase response curves for melatonin, early electric current expression in the suprachiasmatic nucleus and prostaglandin systems in the medial forebrain as well as excellent descriptions of the multiple sleep latency test, ambulatory cassette polysomnography, and human, rather than automated, scoring of the EEG.

I liked the clinical section very much and learnt a lot from it. As stressed in the foreword, the approach is multi-disciplinary and does not succumb to the temptation of looking at sleep medicine as a primary specialty. In a book as comprehensive as this these are must be a few faults. Not all in Europe would agree that the MSLT is essential for documenting pathologic sleepiness and for the diagnosis of narcolepsy, or that neuro-imaging is essential when a neurologic illness is suspected of causing a sleep disturbance. Rheumatoid arthritis is DR4, not DR2-associated. Twenty six possible treatments are listed and the oligoarticular polyarthritis syndrome, surely an indicator that none are much good. But these are minor quibbles. Let us hope the Clinton Administration will be ready to provide the level of service needed by the estimated 40 million Americans suffering from chronic disorders of sleep and wakefulness. This book will ensure the finest education for the physician, the highest standard for the technician, and the optimum care of patients. It is expensive but very highly recommended.

DAVID PARKES


This is heavy in the hand. To my surprise it fitted my pocket but I would not want it there long. It is intended for all 'emergency room' staff and it deserves a place with other key texts in all A&E Departments. Unfortunately it is written for American readers. Thus the most colourful part of it, colour reproductions of commonly prescribed psychotropic drugs, is largely irrelevant. The section on legal issues could mislead British readers since it clearly states that it is not the case in the UK that patients can only be compulsorily hospitalised "when they are a danger to themselves or others".

This book has some good features. Clinical topics are organised in alphabetical order from 'Abuse' to 'Wernicke's encephalopathy', 145 in all. The approach to the topics is thorough and systematic; 'Interviewing', 'Psychotropic Drugs', 'Psychotherapeutic Guidelines', 'Evaluating and Management', 'Drug Treatment' and then useful cross references to other topics. There are numerous tables of diagnostic criteria based on the American DSM-III-R and although British psychiatrists are moving from ICD-9 to ICD-10, the approaches are similar. The systematic approach has the drawback of being over-inclusive in places. It surely goes without saying that if a bottle or light bulb, inserted in the anus, cannot be expelled "emergency evacuation is required". I doubt if any casualty staff or psychiatrists try to achieve psychodynamic understanding first. The systematic inclusion of a section on 'Drug Treatment' for almost all problems gives a mistaken impression of almost routine use of such medication. Unfortunately it is not the case in the UK that patients can only be compulsorily hospitalised "when they are a danger to themselves or others".

KEITH RIX


Only 30 years ago the audience at a meeting on cerebral blood-flow was astonished to learn that visual stimuli produced changes in regional perfusion in areas far removed from the occipital lobe. Since then the advances in the understanding of visual processing and of functional specificity in the brain have been so spectacular that the idea of the striate cortex is alone responsible for the detection and synthesis of visual information seems absurdly naive. This understanding has come about from an unusual blend of morphology, physiology, biophysics, histochemistry, psychology and (last but not least) clinical studies on brain-damaged patients and is admirably brought together in this book.