

systems rather than to people, making possible a section headed "Can a general theory of neurological rehabilitation be advanced?" Surely not. Rehabilitation should not be equated with restorative neurology. Scientific enthusiasm can be misdirected, as it is in a chapter on the evaluation of rehabilitation: "Our laughter", we read, "when we hear of fever being treated by venesection or peptic ulcer by milky diets should be tempered by the realization that only the randomized controlled trial stands between us and similar acts of credulity". Really? The examples are wide of the mark, and so is the review of research methodologies in rehabilitation.

The stuff of rehabilitation—what actually happens between people—is difficult to describe and is not easy to discern in either book. One fundamental rehabilitation process is education, which gets no attention from either editor. Cognitive rehabilitation gets some space in Good and Couch but none, or almost none, in Illis and neither book has much to say about behavioural disorders. An everyday task in rehabilitation is the prevention and management of pressure sores through interventions such as treatment of spasticity and contractures, promotion of continence and adaptation of seating and bedding. The books give varying degrees of detail on relevant topics but supply no coherent description of the process as a whole.

In Good and Couch a review of therapeutic approaches is assigned to a physiotherapist while Illis himself boldly covers this topic in a chapter, "The Role of Remedial Therapy". He ends with the conciliatory comment that "the fact that there is so much uncertainty about the types of physical therapy and the benefit which can be obtained is no fault of the therapists themselves". Physiotherapists active in research may wonder if they are well served by being excused of all responsibility for scientific evaluation of their techniques. These books are both useful in rather different ways but some readers will find parts of them indigestible unless taken with a milky diet.

CHRISTOPHER WARD

Neurosurgical Emergencies, Volume I. Edited by Christopher M Loftus. (Pp 233 \$90.00.) Published by The American Association of Neurological Surgeons, Illinois 1994. ISBN 1-879284-24-3.

Neurosurgical Emergencies, Volume II. Edited by Christopher M Loftus. (Pp 411 \$90.00.) Published by The American Association of Neurological Surgeons, Illinois 1994. ISBN 1-879284-29-4.

Neurosurgical Emergencies comprises two volumes and is one of the Neurosurgical Topics series published by the American Association of Neurological Surgeons. It gives a concise, well presented overview of the management of acute neurosurgical conditions.

The common neurosurgical emergencies such as subarachnoid haemorrhage and acute hydrocephalus are all covered as well as rarer topics such as pituitary apoplexy. There is not a specific chapter on closed

head injury which I think would have been useful but instead the various aspects—for example, intracranial pressure monitoring, haematomas and cerebral herniation—are covered in separate sections. The chapters on hydrocephalus and shunt malfunction contain useful practical techniques. I thought that some of the algorithms are unnecessarily complex but those relating to the management of spinal injury are helpful. The book is well indexed and the references are comprehensive but not always up to date. It also contains a multiple choice self test.

On the down side, it is not clear why two volumes are necessary as each volume is relatively slim. Although summaries are present in most of the chapters they are not universal and I think numbered key points would be a useful addition. There is also discrepancy in chapter length. For example, more pages are devoted to the rare, albeit interesting, topic of acute bony decompression of the optic and facial nerves than to that most fundamental of neurosurgical emergencies, subarachnoid haemorrhage. More specifically, several sections of the text discuss pre-CT burrholes which rarely have a place in modern neurosurgical management. The chapter on emergency surgery for stroke deals mostly with prophylaxis of stroke and its inclusion in this book is surprising.

Overall, I think these volumes are a useful guide to the management of neurosurgical emergencies and I would strongly recommend them to neurosurgical trainees.

PETER HUTCHINSON

Progressive Supranuclear Palsy: Diagnosis, Pathology and Therapy. Edited by E Tolosa, R Duvoisin and F F Cruz-Sanchez. (Pp 292.) Published by Springer-Verlag, Wien, 1994. ISBN 3-211-82541-X.

Progressive supranuclear palsy (PSP) has only been recognised as a separate entity since the work of Steele, Richardson, and Olszewski in the 1960s. This book has been aimed at a clinical audience, and its title would indicate a comprehensive coverage of the major aspects of the disease. The book follows a conference on PSP held in Barcelona in 1992, thus many of the contributions are the proceedings of that meeting and tend to reflect research interests rather than clinical data. It is a useful distillation of the most recent work in this disease.

Those with some familiarity with the literature on PSP will no doubt recognise many of the contributors, and their chapters. The chapter relating to the startle response was previously published in *Brain* in 1992, and a number of other chapters have been duplicated from Litvan and Agid's book on PSP published in the same year. In addition, it is apparent from some of the research produced that correlation between clinical or investigative findings and pathological confirmation of the disease has not been achieved. The chapter dealing with vascular progressive supranuclear palsy suffers particularly in this regard. The chapters dealing with pathology and epidemiology are very comprehensive. Although the book purports to address therapy, this section only warrants 16 pages, and concerns

two small clinical trials of muscarinic and $\alpha 2$ -adrenergic agents. Other agents are not fully discussed. A more serious omission is the lack of any mention of non-drug therapies such as physiotherapy, occupational therapy, and the frequent co-occurrence of depressive symptoms. In contrast, although its relevance to practising clinical neurologists is somewhat unclear, there is a 56 page section relating to the levels of various neurotransmitters in brain and cerebrospinal fluid.

A few of the contributions are peppered with frequent typographical and grammatical errors which interfere with the reading of what are otherwise learned descriptions of important work.

Lastly, this book lacks a succinct summary of all the work by the various authors which is unfortunate given the numerous areas of expertise attributable to each.

THOMAS ESMONDE

Headache Classification and Epidemiology. Editor JES OLESEN. (Pp 415 \$112.50.) Published by Raven Press, New York 1994. ISBN 0-7817-0195-3.

In the last few years headache has become big business, though the British neurological establishment, unlike its pharmaceutical industry, has perhaps been slow to recognise this. The size of the clinical problem, and thus the market for new drugs has directed enormous endeavour into both basic and clinical research. This has, for example, led to the characterisation of a multiplicity of different serotonin receptors, and it is distinctly possible that this will ramify into the pharmacology of mental and addictive diseases.

To counteract the ever increasing scale of free communication meetings in this field, Professor Jes Olesen has been arranging annual working weekends in Copenhagen on a defined topic. The proceedings of the 1993 meeting, on the Classification and Epidemiology of Headache, have now been published as this book.

The book is an attempt to consolidate available knowledge both of the validity of the 1988 International Headache Society (IHS) classification and of the prevalence and debilitating effects of headache syndromes in the general population.

Recent studies of the prevalence of migraine using IHS criteria, in populations of different ages and in different places are reviewed extensively, and some also include cluster headache and tension-type headache. So called secondary headaches (for example, those associated with fevers, head injuries, stroke, and neck, eye or sinus disease), where there are aetiological clues to justify the subdivisions are also discussed.

The contributors acknowledge, but do not seem to come to terms with, the central problem of diagnosis in a disease without aetiological markers or even as yet any serious therapeutic studies to establish the true validity of any of their categories in a practical clinical context. While it is flattering to read the opinion of a senior neurologist treated as a gold standard it has to be admitted that those of us who profess consistency have always used some form of diagnostic criteria in everyday practice,