

the history of ideas on stroke not a "1066: Battle of Hastings" date list. Hurrah also for rejection of that miserable expression "CVA", which should make any grown up neurologist squirm (are there coronary vascular accidents?).

Warlow and his colleagues, writing as a team rather than individual contributors (another symbol of modern medical practice), start with the clinical problem rather than the diseases. So, many of the chapter titles end in a question mark, "Is it a vascular event?", "What caused this transient or persistent ischaemic event?" etc. The clinician is taken from these questions through the evidence available to the diseases and through them to the epidemiology and hence suggested management. Later chapters discuss the specific treatments for different pathological types of stroke, taking the opportunity then to review the basic scientific understanding of pathophysiology. As the reader progresses through the chapters answering clinically pertinent questions he finds that his anatomical knowledge is being refreshed with nice anatomical diagrams integrated into the text and a clear exposition of the clinical neurological method. Vascular anatomy is demonstrated in beautifully produced angiograms and the philosophy of making a science of clinical assessment extends to discussions of inter-observer variability in CT scan interpretation (though sadly one CT scan is upside down). Throughout this book there is an emphasis on (scientific) clinical assessment and classification, although the authors cannot resist the odd cynical quip like "Listening to the neck is a favourite occupation for inquisitive physicians and acquisitive surgeons". Although in turn I am a bit cynical about the need to spend so much time worrying about the super accurate measurement of stenoses on angiograms.

Where the available evidence is insufficient for an unequivocal decision the authors do not hesitate to state their preference in management but make it clear that their advice is provisional, pending the arrival of better evidence. The basic care of stroke patients is not forgotten with a chapter characteristically called "A problem-based approach to general management" where there is most of what you need to know about DVT prevention, sphincter problems, pressure sores ("... can usually be prevented by good nursing"), dysphagia and a lot more problems suffered by stroke patients.

For those readers of reviews who like to skip to the end for the bottom line on a book I can say that this is medical book of the year (or even decade), you should buy two copies and give one to your mum (or your library if she is not interested). Charles Warlow and his colleagues from Edinburgh and Utrecht are to be congratulated on producing a book which will actually be useful to clinicians, even neurologists, especially those who believe in practicing properly scientific clinical medicine.

CHRIS ALLEN

**Fundamentals of Neuroimaging.** Edited by HART, BENZEL and FORD. (Pp 200; £26.95). Published by WB Saunders Co, London. 1996. ISBN 0-7216-5163-1.

As the title of this book suggests, this is a short text concentrating on the basic principles of neuroimaging. This is emphasised in the preface by the authors and as they state it is aimed as the "beginning" resident (who I assume incorporates residents in neurosurgery and neurology as well as radiology) and clinicians with limited experience in neuroimaging.

The text is divided into 12 chapters. The introduction is perhaps a little brief. Certainly the radiology trainee might have hoped for a little more emphasis on anatomy. However, the remainder of the text is excellent. Each chapter is concisely written, condensing the integrated views of a neuroradiologist, a neurosurgeon, and a neurologist providing a balanced summary of the different aspects of neuroradiology. The text is supplemented by helpful tables and numerous images which are predominantly CT and MR images but also include plain radiographic images, angiograms, myelograms, and some ultrasound and nuclear medicine images where appropriate. These are in the main very much up to date images of excellent quality.

Chapters 2-6 deal with cerebral trauma and infectious, neoplastic, and vascular conditions of the brain. Each of the subjects is vast but the authors have summarised them well into comprehensible discussions with suitable emphasis of the most important aspects. The remaining six chapters deal with a variety of clinically relevant topics including chapters on imaging in hydrocephalus and in neurodegenerative diseases. I particularly enjoyed the last few chapters covering paediatric neuroradiology and spinal imaging. These are extremely important subjects and from experience have not necessarily been well covered in other similar texts in the past.

Overall, I would thoroughly recommend this text to any radiology resident and to those clinicians requiring an introduction or refresher in neuroradiology. It is an easy read and provides a good framework for further reading.

TOM MARSHALL

**The Practice of Neurosurgery. Volumes I, II and III.** Edited by GEORGE T TINDALL, PAUL R COOPER and DANIEL L BARROW. (Pp 3495; £525.00.) Published by Waverly Europe Ltd, London 1996. ISBN 0 683 08266 3.

*The Practice of Neurosurgery* comes in three volumes and is an extensive synopsis of all aspects of modern neurosurgery. The editors have recruited nearly 400 contributors renowned in neuroscience, neurology, and neurosurgery. There are 230 chapters which are grouped under 12 distinct anatomical,

pathophysiological, and functional subsections. The first three of these address central nervous system physiology, diagnostic procedures and methodology and general and critical care in neurosurgery before moving on to general neurosurgical matters such as tumour, trauma, vascular, and spine disorders.

Each contributor has been allowed to follow their own preferred format and so each chapter has an individual essay style. All have been extensively referenced and are particularly well illustrated.

With over 3500 pages this work represents an extensive text and will provide comprehensive coverage for the training neurosurgeon. Since the basic neuroanatomy, neurophysiology, neuropathology, bed management, and surgery of the various conditions are covered, this text will require little supplementary reading. For established neurosurgeons, and indeed the supporting specialists, the three volumes provide an excellent reference manual.

In summary *The Practice of Neurosurgery* provides comprehensive coverage of all aspects of modern neurosurgical practice. The editors are to be congratulated on achieving this. I recommend this work strongly.

PETER KIRKPATRICK

## CORRECTIONS

**Sander JWAS, Shorvon SD.** *Epidemiology of the epilepsies.* *J Neurol Neurosurg Psychiatry* 1996;61:433-43.

P435, right hand column, line 8 from top. 5-3/100 000 should read 5-3/1000.

**Laura Hokkanen, Erja Poutiainen, Leena Valanne, Oili Salonen, M Iivanainen, J Launes.** *Cognitive impairment after acute encephalitis: comparison of herpes simplex and other aetiologies.* *J Neurol Neurosurg Psychiatry* 1996;61:478-84.

Table 1 (p479) in our recent article (above) contains some errors. These are: the *Mycoplasma pneumoniae* RNA test was done from laryngeal secretion, not CSF; the tick borne encephalitis antibodies were of serum, not CSF origin; rotavirus antibodies tested were of IgG, not of IgM class. Electron microscopy was naturally done from faeces, and should appear in the column titled "other" in the table. We wish to emphasise that samples of all patients were examined at the Department of Virology; however, additional serological and microbiological analyses (for example, fungal and bacterial) were also performed elsewhere.