book has the advantage of being written by only three authors. This contributes to uniformity in the style of writing and in the presentation of the text.

The 'Oxford' is easy to read and with a clinical emphasis, which the authors state to have been their intention. For comparison, the 'Edinburgh' textbook has nearly 40 contributors, which seems to result in each chapter being more self-contained and more an advanced essay on each topic. To the mind of this reviewer, the 'Edinburgh' book has perhaps a more academic style. So these two major texts are not really rivals, the choice will depend on the preferences of the reader.

In the case of the 'Oxford', there is a book list at the end of each chapter for further reading and there are also adequate references in the text which allow specific aspects to be further researched. The authors observe that references are not intended to be comprehensive but especially for statements that may be controversial or for issues of topical interest.

In general, there are some good psychiatric textbooks available and this is a very good book. It is deservedly popular and is eminently suitable for trainee psychiatrists. It would also be useful to their more senior colleagues and other doctors seeking information about psychiatric disorders as well. Medical textbooks are notoriously expensive but the paperback edition is surely rather good value.

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The first successful ventricular shunt systems were developed in the mid 1950s. Since that time ventricular shunts and their problems have come to occupy a large part of the neurosurgical practice. Although the number of shunts carried out in children has decreased largely as a result of a less enthusiastic approach to the management of children born with severe congenital anomalies, the use of ventricular shunts in the adult has grown. The advent of the CT scan has shown that adult hydrocephalus is more common than was once thought: its affective treatment undoubtedly facilitates the management of many neurosurgical conditions from head injury to subarachnoid haemorrhage. Probably 10–15% of adult neurosurgical procedures are now shunt related.

The great bugbear of ventricular shunts is infection. Over the past 30 years a good deal of information has been accumulated on this subject and the time is certainly appropriate for a monograph. It is a pleasure to state that this volume could hardly be bettered. Indeed it is a model of what a monograph on a neurosurgical topic should be. For a start it is by a single author who knows his subject well. Dr Bayston is a bacteriologist at the National Hospital and Great Ormond Street. By virtue of this position he has gained wide experience of shunt infections and has made many original contributions to what is known about them. Naturally his book mainly deals with the bacteriology and chemotherapy of shunt infections but the more purely clinical aspects are also dealt with thoroughly. He writes clearly and emphatically; although this book contains a considerable amount of learning, its main messages come through well. This reviewer who has performed or supervised some hundreds of shunt operations was embarrassed to discover the deficiency of his knowledge on this important subject. As a result of reading this text he has learnt some salient facts which will cause him to modify his surgical practice. Amongst the key topics emphasized are the difference between internal colonization of shunts by coagulase negative staphylococci and external infections by Staphylococcus aureus, the myth of the late shunt infection, and the immune complex complications such as nephritis and arthralgia that may result from delay in the diagnosis of atrial shunt infections. The author makes a strong case for the use of his shunt surveillance programme based on serological testing for the early detection of infection. All in all, this is an outstanding book. It can be read not only with profit but with enjoyment by all those concerned with the treatment of hydrocephalus - surgeons, paediatricians and bacteriologists.

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There is an enormous amount of solid information, wisdom and handy tips within the pages of this handbook. Clearly the work has involved an enormous effort from the editors to present so much information in an accessible and readable form. It has undergone a useful revision in this second edition. Many of the new sections contain practical information that needs to be readily available (e.g. the growth centile charts in the paediatric section) or which is hard to find easily elsewhere (e.g. guidance on the correct use and prescription of graduated support hosiery).

A new development since the first edition is the updating procedure provided through the British Medical Journal/OUP medical update boxes. The idea is that a copy of the update box printed in the BMJ should be stuck to the blank page opposite the relevant section in the handbook. If assiduously followed, this undoubtedly provides a most useful method of revising the printed text: I cannot help wondering how many readers will be that assiduous. One of the nice points about the update boxes for the book is that anyone who feels sufficiently moved can write a new box for insertion into the handbook. Their efforts will be peer reviewed and printed in the BMJ if found of value by the editors. It is refreshing for readers to have this opportunity to make their voices heard if something in the text provides a spur to doing things better. The enclosed card inviting readers to suggest material for
Hydrocephalus Shunt Infections

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