Book Reviews

The Pediatric Neurosurgical Patient – A cooperative approach, edited by L.P. Ivan. Pp. xv + 323, illustrated. Warren & Green, St Louis and distributed by Gazelle Book Services, Lancaster, 1989. Paperback £38.75.

There is now a worldwide tendency for paediatric neurosurgery to separate itself as a clinical discipline from adult neurosurgery. In some countries this has led to an almost complete dissociation of the two subjects while in others (the United Kingdom, for example) we still have Units where children are being treated in units that are effectively designed for the care of adults. Clearly this is a situation which must change and it is books such as this which emphasize so clearly why an alteration of neurosurgical thinking in this country is so necessary.

It is sub-titled 'a cooperative approach' and the principal authors point out in their Preface that it is for 'allied health personnel'. Thus there are chapters on Paediatric Clinical Neuropsychology, Rehabilitation, Speech Therapy and Paediatric Audiology as well as the expected sections on Hydrocephalus, Head Injury and Brain Tumours.

I think that the editors and contributors have certainly achieved their aim of providing a volume that is both concise yet sufficiently detailed to provide a safe and informative background to the treatment of so many of the problems seen in paediatric neurosurgical practice. However, they have also achieved another aim. By emphasizing the multi-disciplinary team approach for the management of these often highly complex problems, they emphasize how necessary it is that children should be looked after by specialists in children's disorders and that their care should always be undertaken within a proper paediatric environment.

Many of the 'allied health personnel' of our own Unit have already found this book to be of value and I hope that its success will speed up the implementation of the improvements that are so desperately needed in the management of paediatric neurosurgical patients in this country.

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Cystic Fibrosis in Adults. Recommendations for care of patients in the UK, Pp. vii + 24. Royal College of Physicians, London, 1990. £6.

This timely report provides important recommendations about the future provision of medical care for adults with cystic fibrosis (CF). Whereas 10 years ago survival into adulthood was the exception, it is now the rule. Fourteen of the total 24 pages address the organization of services for CF in the UK and the report summarizes the views of many experienced workers in this field. The team approach provides the best care for the patient and the report presents a convincing case for further development of specialist CF centres (typically with > 50 adult

patients) that are able to provide expert help for the panoply of medical, social and related problems that these patients and their relatives encounter. Such centres, it is concluded, gain expertise in procedures such as management of home intravenous therapy, nutritional support and they become familiar with the less common complications, e.g. liver disease, oesophageal varices, massive haemoptysis, pregnancy, complicated malabsorption problems and the wide variations in respiratory disease. The report considers the implications of successful development of heart-lung transplantation in patients with 'end-stage' lung disease and the impact of genetic advances in CF and the future possibility of gene therapies.

The cost of treating adult CF patients in 1989 was of the order of £6,200 per patient, of which supply of drugs accounted for £2,800. Given a total CF population of 6,000 the report estimates the total cost of treating adult patients to be £12 million per annum. With the effects on the budgets of individual hospitals and practices, this could result in certain patients receiving good quality care, not available to other 'high cost' patients. The working party conclude that this would be unacceptable although the issue of cost of treatment is faced without equivocation. The report argues that the 'by district only' option may not be less costly than care provided at a specialist CF centre, even though the standard of care will be less satisfactory. The main recommendations are designed to ensure that a uniformly high standard of care is available: CF patients should be able to obtain medical care at the hospital of their choice; each NHS region should have at least one organized CF centre; funding of the clinical care of CF patients should be the responsibility of the Regional Health Authority and standards of care for patients with CF should be defined and assessed regularly by clinical audit. Sensible recommendations concerning the improvement of existing systems of allowances and prescription and other charges for domiciliary treatment are also included. After reading this report, I consulted, unsuccessfully, the Government White Paper '*Working for Patients*' to find what special provisions had been made for individuals who had the biological bad luck to have a rare 'high cost' disease.

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Surgical Pathology of the Breast, K. Rogers and A.J. Coup. Pp. viii + 149, illustrated. Butterworth, London, Boston, Singapore, Sydney, Toronto, Wellington, 1990. £39.50.

For the practice of the best surgical care, or at least to avoid disaster, the surgeon and the pathologist need to walk hand in hand and talk of many things. Breast disease includes some of the most essential of these. This book is the product of collaboration between a pathologist and a