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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 lead 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 malabsorbtion 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

surgeon; it is aimed as sharply as a biopsy needle at introducing the trainee surgeon to the surgical pathology of the breast.

It encompasses current ideas on the morphology of breast disease from amastia to vasculitis. The gross pathological basis of clinical examination staging and the current microscopic classification of benign proliferation and malignant disease are neatly reviewed. Perhaps the greatest value of this book is to help the surgeon interpret the nuances of arcane phraseology in the surgical pathology report, and then combine the important messages from the pathologist with his clinical findings in predicting prognosis.

This book is a useful read for the surgical trainee. It makes no claim to be a bench book to aid the microscopist, but it is also good for the beginning pathologist as a guide to the needs of their future surgical customers. It is a pity that there is only brief mention of histology beyond the haematoxylin and eosin slide. The opportunity to include in such a general review more on the important part of pathology that embraces the molecular immune and cytochemical aspects of tumour biology was missed.

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Lecture Notes on the Physics of Radiology, Susan J. Armstrong. Pp. 200, illustrated. Clinical Press, Bristol, 1990. Paperback £15.00.

This splendid little book sets out to cover the basics of physics as applied to radiology. Written by a trainee radiologist – not a physicist – the text benefits from a clear, concise style in which superfluous detail is avoided. A basic working knowledge of a modern radiology department is assumed. There are 15 chapters covering atomic structure and radioactivity, the production of X-rays, X-ray generating apparatus, interaction between X-rays and matter, dosimetry, films and screens, image quality, fluoroscopy, special techniques, computed tomography, ultrasound, radionuclide imaging, magnetic resonance imaging, quality control and radiation protection.

Inevitably in a book of this size much detail is omitted but I suspect most radiologists will find this a help, not a hindrance! Reference to larger, standard texts may occasionally prove necessary. Equations, for example are provided but not usually derived and I would have also appreciated more frequent use of line diagrams. These are minor criticisms, however, and do not detract from the overall impact of the book.

The expansion of the modern radiology department with the introduction of a wide variety of imaging modalities has placed even greater demands on the trainee radiologist and the requirement to understand the physical principles upon which his chosen speciality is based. This book is aimed primarily at such a trainee. It fulfills the role superbly and I have little doubt will prove an extremely popular 'crammer' for the first part of the F.R.C.R. examination. At £15.00 it represents excellent value for money and arguably should assume a place in every radiologist's library – trainee or not!

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The Challenges of Medical Practice Variations, edited by Tavs Folmer Andersen & Gavin Mooney. Pp. x + 200. Macmillan Press, Scientific & Medical, Basingstoke, Hampshire, 1990. Hardback £37.50, paperback £14.95.

This book antagonizes the clinician from it's very first page and essentially misunderstands the philosophy of science. It is also repetitive. It overly concerns itself with variables of clinical practice noted by the business administrator, in the hope that this will reduce costs. It is disappointing that it is not until the penultimate chapter that some wrongs are righted, admitting that there is a need to finance studies, trials and grass root investigations into the variability of clinical practice. Most of the writers believe that scientific method produces only truth. The works of Karl Popper have not been read: there is no empathy with the struggle towards truth. There is the general feeling of people thinking they can and should decide individual treatments from a very distant vantage point. Some chapters, however, are definitely worth reading: I had not realized that the open prostatectomy might make a comeback! I enjoyed the deliberate contrast between not performing a transurethral resection of the prostate (TURP) with that of performing a TURP; by risk analysis it appears that performing TURP is the choice to be made for those with complications, such as retention, or with symptoms.

Finally, and surprisingly, it fails to really find a solution to the problem of variability. I would suggest that if these writers think that science is all truth, we must reveal the fact that all or most of which we now perform is wrong – and will be shown to be wrong in time. Fibre content of diet for diverticular disease or carbohydrate contents of diabetic diets are reminders of recent examples of this. We might also remind ourselves that discarded scientific theories only die when that generation of scientists die. We should all concentrate on improving public knowledge about treatments: and include in this how politicians and the media can rapidly increase health care costs by advocating liberal liver transplants or hip replacements performed on people so young that they will need many further such operations in their lifetimes.

I am interested in variation of practice but I consider that this book is not cost effective for a clinician, as there are too few data at too great a cost.

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