and radiological diagnosis would be of particular interest to these groups. The chapter on "Pathological Anatomy" is too brief to be of much value and would have greatly benefitted from descriptive photomicrographs. Furthermore, many of the descriptive terms are not current (e.g., neurinoma). The chapter on surgical therapy is not detailed or current enough to be of interest to neurosurgeons but does outline the principles of treatment, with attractive intraoperative photographs, in such a way to be of some benefit to junior housestaff.

In summary, this brief monograph is unlikely to be of much interest to practicing neurosurgeons or neurologist. It may be of some value to junior residents, medical students and nursing staff on a neurology or neurosurgery service.

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ENDOSCOPY OF THE CENTRAL AND PERIPHERAL NERVOUS SYSTEM. 1997. Edited by: Wesley King, John Frazee and Antonio De Salles. Published by: Thieme. 272 pages. $C $219.70.

The view through the neuroendoscope has become much clearer with advancement of optics, cameras and instrument miniaturization. These technical advancements have been coupled to major technical breakthroughs in frame and frameless stereotaxy, to allow us to do more with minimal disruption of normal structures. This book in the first four chapters highlights these technical advancements both historically, those currently in use, and those that are in the development stages. However, technical breakthroughs such as neuroendoscopy, are not ubiquitously applicable to management of all neurosurgical diseases in terms of patient safety, efficacy and efficiency. Neuroendoscopy as the optimal management strategy in certain diseases I believe have been proven, with the limitation being the availability of instrumentation and operator expertise. Both these elements are of equal importance, as our ability to work with neuroendoscopes depends on the quality of the picture on the monitor, and hand-screen coordination and appreciation of a limited view of the anatomy that is somewhat novel to our conventional neurosurgical training. A chapter devoted to the endoscopic anatomy of the ventricle and use of excellent illustrations in this book aid the reader, however, hands-on training using cadavers at workshops or assisting experienced surgeons remains the main mode of training.

In general, endoscopy can be an optimal management strategy where the pathology lies within a cavity, which can be directly reached with little manipulation, is filled with a clear medium such as CSF or air. The ideal qualities of the pathology include ones which are cystic, relatively avascular, require biopsy or subtotal rather than total removal. Currently, intraventricular pathologies make up the bulk of neurosurgical diseases most amenable to neuroendoscopy, hence their justified discussion in several chapters. These include IIIrd Ventriculostomy for aqueductal stenosis (especially adult onset where the CSF reabsorbtion pathways are developed), ventricular cysts (benign or tumor related), ventricular tumors which require biopsy or subtotal removal. Within this latter category are colloid cysts, where the objective should be a total capsular removal, a claim that cannot be achieved under many circumstances even by experienced neuroendoscopists. This results from lack of inability to use two instruments through a single endoscope required for bi-manual dissection, and proper visualization of the portions of the tumor extending posteriorly in the roof of the IIIrd ventricle. Admittedly use of lasers, bilateral endoscopes, refinement of cautery and other instrumentation are allowing greater removal of these and other solid tumors which may suffice in certain patients. However, whether they are overall any better compared to microneurosurgical transcallosal or trans-middle frontal gyrus approach in terms of forniceal injury, incidence of seizures and tumor recurrence still remains an open question. These issues were not adequately highlighted in the chapter comparing endoscopic vs. conventional approaches to these tumors.

Endoscopy is proven in the ENT management of paranasal pathologies, an area dealt with in this book but outside this reviewers area of expertise. Unilateral sympathectomies are also best undertaken with the endoscope, allowing direct visualization of the chain through 3-4 small portholes. General surgical endoscopes and much of their instrumentation can be utilized, though the 3D endoscopes discussed in a separate chapter provides an even greater appreciation of the anatomy. Limitations includes the relatively infrequent need for bilateral sympathectomies (where it cannot be staged), or those patients with primary pulmonary/pleural disease. The direct visualization of the sympathetic chain through the endoscope minimizes the risk of Horners syndrome or injury to the lower elements of the brachial plexus. The chapter provides excellent drawings, however, actual pictures through the endoscope may have been more informative for the reader.

The role of neuroendoscopy, however, remains unproven for most neurosurgical diseases, requiring a detailed and rational analysis by dedicated surgeons. This book does justice in presenting a enthusiastic but realistic view of neuroendoscopy in the management of intraaxial, cranial base and spinal surgeries. I am sure that the limits of neuroendoscopy will broaden with advent of further instrumentation and technology. These chapters serve well to highlight the possibilities of neuroendoscopy, but it will require careful scrutiny to determine what pathologies and in which types of patients is endoscopy truly the optimal route of management. In addition to efficacy of achieving the desired management objective and minimizing patient risks, analysis of efficiency of use of operative and hospitalization time, availability of instrumentation and training should also be considered in coming to a decision regarding which cases are best managed endoscopically. I recommend this book to neurosurgeons who are interested in pursuing or at least being made aware of this rejuvenated/novel neurosurgical armantarieum, which will certainly evolve further in the future.

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FALLS IN EPILEPTIC AND NON-EPILEPTIC SEIZURES DURING CHILDHOOD. 1997. Edited by A. Beaumanoir, F. Andermann, G. Avanzini and L. Mira. Published by Faber Book Services for John Libbey & Company. 223 pages. $C50.70

This most interesting monograph is clearly an international work, with input from European and North American authorities, with the uneven input of a multi-authored text.

The most revealing aspect of this work pertains to the use of

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