CEREBRAL PALSY AND THE YOUNG CHILD. Edited by SUSAN M. BLENCOWE. Foreword by Sir WILFRID SHELDON. Pp. 155. Edinburgh: E. & S. Livingstone. 1969. £1, 5s.

This is a symposium on cerebral palsy writen by members of the well-known Centre for Spastic Children, Cheyne Walk, where physicians, one ophthalmic surgeon, physiotherapist, occupational therapist, speech therapist, social worker and teachers describe their experience and techniques of management of the complex problem of cerebral palsy in childhood. Clear descriptions of the causes, physical and psychological aspects, associated disorders such as hearing loss and visual disturbances are given and the chapters on physiotherapy, occupational therapy and speech therapy deal with the modern techniques of these subjects. Educational and social aspects including home care are also described in some detail. A minimum of technical terms has been used which make the book very suitable for gaining knowledge in this complex problem for those people who may not have medical training, including parents. This book should be a real help to those concerned with the management of children with cerebral palsy.

LUDWIG GUTTMANN

ABSTRACTS OF SELECTED PAPERS

EPIDERMOIDE UND DERMOIDE DES SPINALKANALS (EPIDERMOIDS AND DERMOIDS OF THE SPINAL CANAL): W. BISCHOF & K. NITTNER (1969). *Zentralblatt für Neurochirurgie*, 30, 101.

Report on eight cases of epidermoids and four dermoids of the spinal canal. In the clinical material of Tönnis these malformations represents 2 per cent. of spinal-occupying afflictions. The authors give a detailed review of the literature. In the long time of pre-operative treatment of their own cases—up to 35 years—the wrong diagnoses are described. In more than half of their cases straight X-rays revealed specific changes of the spine—and one particularly instructive X-ray with large excavations of several thoracic and lumbar vertebrae is presented. The malformations involved mainly the lumbar spine and were mainly situated intradurally producing cauda equina symptoms. Sometimes there was a skin-sinus present. There was one death due to meningitis. Six patients were able to take up employment after operation.

HALSMARK-ANGIOM MIT REZIDIVIERENDEN INSULTEN (CERVICAL CORD-ANGIOMA WITH RECURRENT ATTACKS): F. H. BRESSLER, H. SCHLIACK & S. WERDE (1968). *Deutsche medizinische Wochenschrift*, 93, 1852.

Report on a 7½-year-old girl with recurrent spinal cord symptoms typical of the rare cervical cord-angioma. Ten months after the first attack there were increased symptoms affecting the opposite side of the previous attack. Diagnosis was made by brachial-angiography which revealed angioma of the Art. cervicalis ascendens. No total excision was possible.

MYELOPATHY COMPLICATING CONGENITAL ATLANTO-AXIAL DISLOCATION: N. H. WADIA (1967). *Brain*, 90, 449.

Description of clinical and radiological symptoms in 28 cases. Three main types of symptoms are distinguished: (1) transient neurological deficit with or without myelopathy; (2) progressive neurological symptoms of high cervical lesion; (3) symptoms of the cervical vertebrae. Criteria of the radiological findings and the two main types of dislocation are described. Instructions are given for the indication of operative treatment and its results.

CLINICAL ASPECTS OF SPINAL NEURO-FIBROMAS: P. C. GAUTIER SMITH (1967). *Brain*, 90, 359.

Report on 115 cases of spinal neuro-fibromas. Histologically the cases are divided in neuro-fibroma, neurinona, neurolemmoma and Schwannzell tumours. With regard to the levels the cases are divided in cervical, thoracic and lumbo-sacral regions and the results obtained in the individual groups are discussed from the following points of view: (1) time from onset of the first symptoms to time of diagnosis and operation; (2) detailed description of the clinical symptoms according to time and frequency; (3) differential diagnostic considerations; (4) result of operations.

SPINAL EPIDURAL MENINGIOMAS: R. SINGH, G. COERKAMP & W. LUYENDIIJK (1968). *Acta neurochirgica* (*Wien*) 18, 237.

Report on two cases of epidural meningiomas of the upper thoracic and cervico-thoracic regions respectively. In the first case the tumour originated from the outer layer of the dura, in the second case the tumour originated from the inner layer of the dura. The rarity of the origin of a meningioma which deviates from the rule is emphasised.

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