

In his preamble to the book the author writes that it has taken him more than 11 years of his time to prepare these two books... "All aspects of this project including writing, typing, photography, medical illustrations, designing, composition (phototypesetting, re-editing, proof-reading, paste-up, keylining etc.), publishing, financing and world wide distribution, have been my own individual work..." But this "Do-it-yourself" technique has no place in the production of medical texts in the 20th Century. The author's hope that these two volumes "will remain as a monument to medical science and will become a classic in medical libraries throughout the world for many years to come" is just not on. These extremely costly volumes will more likely be found propping up the cine projector in the seminar room or languishing, in Macaulay's words, among "the dust and silence of the upper shelf".

MICHAEL N. TEMPEST

**COMPLICATIONS OF HEAD AND NECK SURGERY.** Edited by JOHN J. CONLEY, M.D. First Edition. xviii + pp. 524 with 215 illustrations and 16 tables. (Philadelphia, London, Toronto. W. B. Saunders Company, 1979) Price £20.

This volume under the distinguished editorship of John Conley, has 35 contributors, almost all American, of whom more than a third are E.N.T. Surgeons and who often share between themselves the joint authorship of some of the chapters. Conley on his own has contributed no less than 10 of the 28 chapters and it is a great credit to him that these are amongst the best in the book. There are excellent contributions on anaesthetic complications in head and neck surgery, on the complications of radiotherapy and the use of antineoplastic drugs in head and neck cancer.

As one would expect from the surgical interests of the co-authors, much of the text is taken up with E.N.T. problems and it is in these chapters that there is some unfortunate overlap and needless repetition. The chapters that are contributed by the plastic surgeons on facial trauma, complications of aesthetic surgery and the treatment of scars, are interesting but mention very little that has not already been extensively dealt with in other texts published in the United States.

The production is of an extremely high standard. The illustrations are all beautifully clear with simple but succinct captions. The references in the text are all recent, relevant and quote in full the titles of the papers to which reference has been made. For this simple achievement alone, many an Editor will wish to have this book ready for use. The price is eminently reasonable. This should allow it the wide circulation it deserves and help to reduce the number of unfortunate but not incurable complications which can so often appear in this anatomical region.

MICHAEL N. TEMPEST

**COMMUNICATIVE DISORDERS RELATED TO CLEFT LIP AND PALATE.** Edited by KENNETH R. BZUCH. Second Edition. Pp. xv + 368: illustrated. (Boston: Little, Brown and Company, 1979). Price \$16.50.

This is a revised and expanded volume of the 1972 book of the same name, together with chapters from the "parent book", *Cleft Lip and Palate: Surgical, Dental and Speech Aspects*, edited by Grabb, Rosenstein and Bzoch, 1971. It is stated to be a "basic professional course of study" and whilst many students of speech pathology might be daunted by its detail, it is, without doubt, a useful contribution to cleft palate literature. Twenty-three authors contribute to the volume from the view points of speech pathology and therapy, psychology, orthodontics, audiology, otolaryngology and paediatrics. Many review comprehensively the American research on their topic and for students wishing to study further, there are impressive reference lists after each chapter. The chapter on oral sensory function gives no less than 188.

The three main aspects of the book are: General, Diagnostic and Habilitative. The General Section provides a review of the essential anatomy and physiology and embryology, well illustrated with clear diagrams. A chapter on classification discusses its problems and rationale. Classifications are critically reviewed and recommendations are made for a standard classification, based on those of the American Cleft Palate Association in the early 60's. In the presentation of the Craniofacial Team, the author, Herbert Koepp-Baker, states that "an emotional and intellectual companionship must be engendered" and "the team has dimensions that transcend mere togetherness". Whilst such rhetoric may be less than well received by British readers, the general theme is of a team which is stimulating to its members and beneficial to patients.

Section Two, on Diagnostic Aspects, provides the largest part of the book, and covers comprehensively the aetiology of cleft palate speech and its diagnosis. Topics include congenital and acquired palatopharyngeal insufficiency, dental and occlusal hazards, hearing problems, oral-sensory function and language acquisition. At times, the authors do not restrict themselves to the cleft palate subject but, as for example in the latter two topics, write a general chapter on speech pathology which, I feel, goes beyond the brief of the book.

Assessment of Speech is covered with reference to major current clinical and instrumental techniques. The need for objective indices is emphasised with more detailed data for comparative or controlled research. The Bzoch Error Pattern Diagnostic Articulation Tests are presented, analysing speech sounds as:

- (i) distortion;
- (ii) simple substitution;
- (iii) gross substitution; and
- (iv) omission.

This could provide a useful tool for clinicians although a test employing 100 elements may be found impractical.

Language acquisition is reviewed with a description of the Behaviourist Model and a review of Chomsky's review of Skinner. The authors (Shames and Rubin) quote that it would be a mistake to classify cleft palate children as having significant language impairment. The chapter on ear disease is useful, describing the common pathologies and suggesting that decreased mobility in the tympanic membrane is a most important physical finding. Instrumental diagnostic evaluations are described in terms of radiological measures, acoustic measures of nasality and nasalisation, oral and nasal airflow and electromyographic measures.

The substantial middle of the book will provide a valuable source of reference to the whole field of speech pathology in cleft palate. The following section, on therapy, is disappointing in comparison. The ubiquitous "programs" appear, mainly using behavioural approaches to articulation drills and a rationale is provided for "residential concentrated summer speech therapy". We are, however, suddenly cast back into the world of improvisation and intuitive therapy when, in the chapter on Direct Muscle Training for Velopharyngeal Function, we are informed that "devices that have proved particularly effective in direct muscle stimulation include long-handled plastic spoons or cocktail stirrers, artists brushes and long-handled cotton applicators."

The book should be placed on library shelves for reference.

CAROL MILLER

**PLASTIC SURGERY: FUNDAMENTAL INTERNATIONAL TECHNIQUES.** Edited by JOHN WATSON, F.R.C.S. and ROBERT M. McCORMACK, M.D. Third Edition in the Series on OPERATIVE SURGERY: General Editors CHARLES ROB and RODNEY SMITH. Pp. 556 with numerous illustrations. (London and Boston, 1979, Butterworth and Co.). Price £55.

This is a new edition of a well-known work. Its new subtitle "Fundamental International Techniques" has widened the field of contributors and this is reflected in the subjects chosen and the authority with which the various techniques are described and illustrated.

With the exception of the sections on the deltopectoral flap (Bakamjian), Hypospadias (Horton *et al.*) and Cleft Lip (Kernahan), the American contributions are the most disappointing in the book. The illustrations are outstandingly good and make many of the operations look deceptively simple. This can be dangerous when some of the flaps (as drawn) cannot possibly close the defect or unwise when complicated manoeuvres like the insertion of split rib grafts into a skull defect are carried out without shaving any of the hair immediately adjacent to the wound.

The text is well written and does not waste space describing points better shown in the drawings. Most sections quote no references to the world literature and this is a welcome relief to the reader. Those that do could be usefully revised in the next edition, as there are quite a number of misprints. The most common fault is the omission of "acute" accents in French words, the repeated addition of an "acute" accent to Robert Abbe's name and an extraordinary spelling of Nové Josseland which is new to me. Wardill is credited with an "h" to which he is not entitled.

At the end of some of the sections the Editors have added little notes to explain some of the differences in practice on either side of the Atlantic or to stress a few of the pitfalls that may not be immediately obvious in the preceding pages. This new Third Edition is a vast improvement on its predecessors. The Editors, illustrators, contributors and publishers all deserve our thanks for producing a volume that *must* be included in any Plastic Surgery Library.

MICHAEL N. TEMPEST

**DIAGNOSIS AND TREATMENT OF PALATO-GLOSSAL MALFUNCTION.** Edited by R. E. ELLIS and F. C. FLACK. Pp. 89, with illustrations. London. (Monograph No. 2. The College of Speech Therapists, 1979). Price £5.25.

This monograph represents a multidisciplinary approach to the subject of palato-glossal problems which, in Britain, has received increasing attention in recent years. The editors have assembled papers presented at an Exeter meeting by speech therapists, physicists, dentists, orthodontists and plastic surgeons and the writers are, without exception, notable for the concise clarity of their presentations.

In his contributions, Shprintzen, from America, discusses firstly the evaluation of the physical and speech results of pharyngeal flap surgery and indicates that the preoperative assessment of lateral pharyngeal wall movement is the prime determiner of postoperative success. The second paper describes how, using a group of objective and subjective assessment procedures, patients with hypernasal speech and without obvious oral abnormalities, are found to have anatomical defects related specifically to absence of the musculus uvuli. The "mystery" is thus "solved". The use of endoscopy for investigation is described in two papers. Pigott uses the technique in conjunction with X-ray to determine the most appropriate line of treatment. Some of the general and specific problems of the procedure are indicated. This is endorsed by Huskie and McGrouther who consider that whilst X-ray alone has limitations in the one-dimensional view afforded, nasendoscopy provides essential information for diagnosis and treatment. A further paper on diagnostic and prognostic procedures is presented by Ellis, describing nasal anemometry.