

sound. It would appear that changes in emissions, and particularly ones that become audible as tinnitus, may be another manifestation of noise damage which appears before changes in the audiogram. This theme of more subtle dysfunctions occurring before the pure-tone audiogram is affected is reflected also in the paper by Colburn and Trahiotis on the effects of noise on binaural hearing. In their general review, they observe that several studies have indicated that binaural deficits can occur even within spectral regions that are considered audiometrically normal.

Two papers are concerned with the effects of periodic rest on the amount of damage done to the cochlea by noise. These are by Clark and Bohne, and by Campo and Lataye. They both indicate that an intermittent of noise exposure results in less damage than continuous noise exposure having the same total overall noise energy. This amounts to another confirmation of the real-life limitations of the equal energy principle which is so widely used in legislation and standardization. The lesser hazard of intermittent noise exposure may also help to explain why we do not see more hearing losses in young people following exposures to high levels of amplified music.

The book includes a very helpful review of noise-induced tinnitus, by Axelsson and Barrenäs. In particular, they give evidence that is contrary to statements sometimes made that tinnitus usually comes on early in cases of NIHL, that it nearly always affects both ears, and that it is typically a ringing, hissing or whistling sound. The average interval between start of noise exposure and onset of tinnitus in Axelsson and Barrenäs' study is reported to be 23 years. The tinnitus was unilateral in 42% of their cases, more common in the left ear than the right. And while whistling and hissing and ringing sensations are the most common descriptions in tinnitus associated with NIHL, perhaps 25% of cases report other kinds of sound. In short, their paper indicates that dogmatic statements about tinnitus generally, and tinnitus associated with NIHL in particular, are simply not justified.

For those concerned with occupational audiology, or with medico-legal assessment of compensation claims for NIHL or noise-induced tinnitus, or needing general reviews of relevant aspects of modern-day knowledge of auditory physiology, this book will easily justify its place on the book shelf at its price of £43.50. The examples given above indicate the sort of value that can be obtained from it.

R. R. A. Coles

DIZZINESS: Etiologic Approach to Management

Wallace Rubin & Kenneth H. Brookler. 1991
Georg Thieme Verlag: Stuttgart, New York.
ISBN 2 13.771801.5 Price: DM 88 (Cloth). pp 282
88 Fig. 12 Tables.

I approached this review with enthusiasm as here, in promise, was a book to help in the management of the dizzy patient, a problem for most of us. The plan of the text looked good: Basic mechanisms, the initial patient encounter, objective confirmation of symptoms and then a long chapter on individual case studies. However, as I started to read I realized the contents did not justify my original hopes. Page five: "The

hairs of the hair cells are made up of units of myosin or actin, which are ingredients of muscle . . . Since these hairs are essentially muscle, they are subject to variables that can affect the metabolism. These include thyroid aberrations . . . variations in the blood sugar and blood fats . . .". Apart from being wrong, and this is a surprise since they quote the original articles in their reference list, the conceptual leap to conclude that the stereo-cilia are muscles, results in rather "off beat" approaches to management, at least by British standards.

In the chapter of individual patient profiles, the authors derive a "working diagnosis" from the history and investigations and base treatment on this. Their working diagnoses very frequently involve: inner ear otosclerosis (based on plain X-ray polytomography and usually with normal hearing) glucose abnormality, hyperlipidaemia and possible allergic factors sometimes alone but more usually in combination.

Treatment therefore very frequently consists of Fluoride, Calcium, Vitamin D, diet, and a long term administration of vestibular suppressants in combination. The response rate was remarkably good and an endolymphatic subarachnoid shunt cured most of the non-responders. There is little mention of physiotherapy or other rehabilitative measures.

It may be that the authors were seeing a highly selected group of resistant patients — several had had a sacculotomy prior to attending, and their obvious care and support provided a major element of their successful technique — but, overall, this is not the way dizzy patients are managed in the United Kingdom.

A final interesting feature of the book is the massive number of references after each chapter — up to 440 in one instance — none of which was referred to in the text.

Tony Wright

'OPERATIVE SURGERY' Head and Neck Parts 1 & 2

Consultant Editors Ian A. MacGregor and David J. Howard. General Editors Hugh Dudley, David Carter, R. C. G. Russell.

Butterworth Heinemann: Oxford. Fourth edition
1992.

ISBN 0 7506 0298 8. Price £250.

It is 10 years since the publication of the last edition of the Head & Neck volumes of 'Operative Surgery' and this new edition is very welcome. It comprehensively reviews and updates the major changes that have taken place in the surgical management of head and neck tumours during this period.

The whole book has been rewritten with contributions from both sides of the Atlantic to reflect the wide experience of a number of distinguished authors. The emphasis has also changed from a primarily descriptive text of operative procedures which has been a criticism of previous volumes. In this new edition the authors have included a concise explanation of why they advocate each technique, discussing the advantages, limitations, complications and contraindications. The illustrations are generally of good quality and clearly demonstrate the 'high points' of operative procedures referred to in the text which is easy to follow.