

In Volume 1 useful additions include opening chapters on general management, pathological considerations, radiotherapy and emergency airway procedures. At the beginning of each chapter there is also a section on surgical anatomy and pathology. The major part of this volume is devoted to the surgical management of facial and oral cavity tumours. Some useful techniques are omitted such as lateral tarsorrhaphy, and in the thyroid section there is no mention of retrosternal goitres or the importance of preservation of the external branch of the superior laryngeal nerve.

Volume 2 provides a comprehensive review of laryngeal, hypopharyngeal, sinonasal and neck tumours including good chapters on near total laryngectomy and stomal recurrence. There are also useful sections on prosthetics and skull base surgery.

Overall these two volumes provide an excellent authoritative update on recent developments and techniques in Head and Neck surgery. The editors acknowledge that not all procedures are covered, but there are few omissions and the great improvement in the descriptive text makes this a much more practical and useful addition for the head and neck surgeon.

Peter Rhys Evans

## COCHLEAR IMPLANTS IN YOUNG DEAF CHILDREN

**Video** available from Nottingham Paediatric Cochlear Implant Office, Department of Otolaryngology, University Hospital, Cochlear Medical Centre, Nottingham N67 2UH.

Price £90. Concessionary discount to individuals and charities £45.

How do you advise the parents of a child who seems beyond the reach of hearing aids?

Nottingham Paediatric Cochlear Implant group's beautifully made 18 minute VHS video goes a long way to answer the question. This group led by Dr Barry McCormick began implanting young children in 1989 and the tape is a distillation of their experience of some 12 of these difficult cases. The group is funded by the Department of Health to provide this specialist service for children and over 20 have been implanted to date. The video was produced by the University Audio Visual Department, with the assistance of Cochlear AG manufacturers of the Nucleus multichannel device. It is unfortunately not subtitled.

Each scene of the tape is a logical progression from the one before and easy to follow, beginning with a lip reading test for the viewer (not a faulty sound track!). The difficulties of the baby in the next scene who has not yet learned to speak and is yet faced with the same situation is dramatically illustrated. The problems of being profoundly deaf amid bicycles and traffic and in the school playground are mirrored in the face of a timid and isolated child. The struggle in the classroom to understand even a skilful and sympathetic teacher is obvious when compared to hearing children.

An anatomical model ear is used to show how hair cells are essential components of the hearing pathway and why hearing aids don't work if all hair cells are lost. Clear line drawings with an animated cochlear implant superimposed upon

the cochlear duct show how electrical stimulation of the auditory nerve by-passes the hair cell department. The indications for an implant are stated and the benefits discussed before the risks. These are aired in a general way with nothing that an over-anxious parents could get out of proportion. Participation from parents and teachers in a labour intensive rehabilitation program is stressed instead. No teacher of the deaf or speech therapist watching this tape could feel that the job was done once the implant was switched on! A child watching the tape would discover what tests he or she would be required to undergo and would learn for example that a soft toy was welcome in the CT scanner. Hearing tests both awake and under sedation (BSER) are nicely shown. Views of the operating theatre and surgery are knifeless, bloodless and relatively unthreatening.

Results of implantation are shown by 3 scenes, October 1989, May 1990 and February 1991 where a child's growing ability to use the device is collated. The finale is a testimonial read by Damien Baines, the first child to be implanted in the UK. "I was a normal child 'til I lost my hearing, now I can hear again, but I am still a deaf boy without my implant." He uses the telephone now — a powerful demonstration of the potential of multichannel implants.

The Nottingham group have focused upon primary school children because groups that have implanted secondary school children deafened before learning to speak report poor results. The window of opportunity for the development of speech seems limited to the period of neural plasticity which extends through the first five or six years of life.

The video can be shown with confidence to parents and teachers as a source of general information but is especially useful where a cochlear implant is likely to be the most appropriate management of a particular child.

Roger F. Gray

## LA FOSSE INFRA TEMPORALE

F. Legent, H. Laccourreya *et al.*

Arnette: Paris 1991

ISBN 2 7184 0559.7

pp. 224, many figures

The introduction to this book, sponsored by the French ENT and Cervicofacial Society, answers its own question "why a book on the infratemporal fossa?" by suggesting that, in the French literature, it has not in the past been differentiated specifically from the pterygomaxillary region, and that recent improvements in imaging have enabled a better understanding of its anatomy and pathology. The first of these points does not apply to British anatomy texts: my 1958 *Cunningham* devotes about 15 pages to the infratemporal fossa; the second claim is undoubtedly true, but surprising in context, because, although at least one of the 14 authors listed on the cover is a radiologist, the reproductions of radiological images are rather few in number and of distinctly disappointing quality.

The book is divided into four main sections: introduction, anatomy (conventional and radiological) and "semiology" — symptoms and signs; pathology of the fossa proper; invasion by tumours of surrounding structures; surgical approaches and their indications. The second of these is the shortest,