seem to be more anecdotal than proven practice.

Overall though the book is a very helpful account of the problems and approaches to take with the patients with PD and their families. On occasions this approach can be too technical for the uninitiated, for example the discussion on speech therapy which brings with a specialist not frequently found in this country, the speech and language pathologist. However the book largely manages to make itself accessible to all readers, and serves to remind all of us that there is more to PD than simply a dysfunction of motor programmes.

ROGER BARKER

Reader in the History of Aphasia. Edited by PAL ELING. (Pp 392; \$110). Published by John Benjamins Publishing Company, Amsterdam 1994. ISBN 90-272-1893-5.

Psycholinguistics emerged as an important area of study towards the end of the nineteenth century, and continues to expand. The Classics in Psycholinguistics series aims to keep seminal works from this period in print. This text covers writings on aphasia dating from the eighteenth century to the present.

Notable among the contributions are those by Broca, Wernicke, Hughlings Jackson, Freud, Pick, Head, and Geschwind. For each investigator, there is a short biography, followed by a theoretical introduction to his work. However, the bulk of each chapter comprises a selection of the investigator's writings.

Many of the early quoted papers take a strictly localisationist approach. However, Freud moved away from localisation towards levels of activation, and concepts of functional organisation. His work, done prior to the development of psychoanalysis, is particularly modern in outlook.

The pendulum, however, swung to the other extreme, and by the time Geschwind became involved with aphasia, anti-localisationist thinking dominated clinical neurology. Geschwind helped shift the balance back to localisation, in particular with his *Disconnexion syndromes* which was published in 1965. Geschwind's influence on neurolinguistics cannot be overstated.

Although localisation can now be studied by means of activation studies with functional imaging, these classic texts show the uses and limits of lesion studies. The book will be enjoyed by those with an interest in the history of medicine, in particular aphasia.

JOHN GREENE

Basic Human Neuroanatomy. An Introductory Atlas, fifth edition. By CRAIG WATSON. (Pp 236 \$29.95). Published by Little, Brown and Compnay Medical, Boston 1995. ISBN 0-316-92457-1.

Neuroanatomy atlases abound. There is a bewildering array of choice, from those with simple line drawings that medical students can colour in, to multi-volume atlases that

devote a chapter to the colliculi. Neither suit the practising neurologist, who requires above all a text that makes sense of clinical problems. This aptly describes the fifth edition of Craig Watson's popular work. As a simple example, he abandons the traditional dissection planes and presents brain sections cut in radiological planes alongside CT and MRI images of the same level. Similarly, normal vascular anatomy is illustrated by angiograms. This topographical anatomy is deftly organised in the final sections of the book, with accompanying well-produced diagrams. Preceding these, and designed to serve as an overview, is a chapter on functional neuroanatomy, which is essentially a detailed description of the sensory and motor tracts. Here Watson takes a highly systematised approach with bare telegraphic text and bold diagrams. This makes it very accessible as a reference book, if somewhat dry. Clinical points are well picked out; there is an interesting discussion on the anatomy of upper motor neuron facial palsies and a useful description of the hippocampus, betraying Watson's involvement in the epilepsy service in Detroit. Busy neurologists will be grateful for this book.

ALASDAIR COLES

Handbook of Autonomic Nervous System Dysfunction. Edited by AMOS D KORCZYN (Pp 560 \$185.00). Published by Marcel Dekker Inc, New York 1995. ISBN 0-8247-9246-7.

This multi-author book largely succeeds in its aim of providing a pot-pourri of advances in laboratory and clinical aspects of the autonomic nervous system. It begins with a chapter by Burnstock and Milner describing some of the "newer" transmitters that may contribute to autonomic function and ends with an analysis of the cold pressor test, ironically with the observation that "numerous other" (non-adrenergic) "drugs have not shown a significant influence over test results".

This book will be a valuable repository of information for those physicians, even quite specialist ones, who find their knowledge of autonomic physiology, pharmacology, and pathology quite hazy. It may be a disappointment however to those who thought that some major advance in the understanding or treatment of autonomic neuropathies had passed them by. This is not the authors' fault but largely because major advances have not happened, or at least not before this book went to press. For instance, the chapter on Hirschsprung's disease was written before the reports that in different families this is due to mutations in either the RET3 oncogene or in the endothelin-B receptor. I expect that a similar time interval between writing and publication explains why Matthias did not use his chapter to describe how his own work does now point to some role for the neuropeptides described by Milner and Burnstock in causing the profound changes in blood pressure provoked by eating in some patients with autonomic failure.

The chapters on clinical management vary between describing specialist, almost research techniques and more routine protocols for investigation of patients with auto-

nomic failure. My personal view is that many of the protocols for investigating patients with autonomic neuropathy are unnecessarily complex given the limited range of questions the clinician needs to ask in order to guide therapy. These are whether the patient does indeed have an autonomic neuropathy (rather than, for instance, salt depletion which is a much commoner cause of postural hypotension), and whether there is an indication for any therapy other than fludrocortisone, which remains empirically the most satisfactory treatment for most patients, maintaining blood pressure through volume rather than vasoconstriction? Examination of the jugular venous pressure and measurement of plasma renin activity can be the most useful methods for answering the first question. I missed a description of the intravenous tyramine test to help distinguish central and peripheral autonomic neuropathy and therefore point for or against the use of an indirect acting amine in therapy.

I enjoyed the chapter on sweating disorders and their treatment, an area in which most clinicians feel ill at ease. One or two other chapters seemed more loosely connected to the idea of a book on autonomic disorders. However this book may well become a tome to which a variety of readers can usefully turn whenever lateral thinking becomes autonomic. At the recommended price, I imagine such readers will turn to their library rather than their bookshelves.

MORRIS BROWN

Manual of Neurologic Therapeutics. Fifth Edition. Edited by MARTIN A SAMUELS. (Pp 432; £22.95.) Published by Churchill Livingstone, Edinburgh 1994. ISBN 0316770043.

Personally, as a junior neurologist, I lurch from one intellectual crisis to another throughout the neurological day. I reel from cases on the ward (the consultant has admitted a patient "who may be a forme fruste of Canavan-Van Bogaert-Bertrand Disease . . . sort it out"), stagger into clinic (and a parkinsonian who continues to agitate, despite my best manoeuvres) and then usually come to a complete standstill ("I've been dizzy since I was two, doctor"). At such times a neurological prop is invaluable. Take peripheral nerve lesions; a few quiet minutes with the patient and *Aids to the Examination of the Peripheral Nervous System* can transform confusing signs into cogent diagnosis. This little spiral-bound book, *the Manual of Neurologic Therapeutics*, now in its fifth edition, is of similar stock. Hardly elegant, it consists of 400 pages of cramped text with few illustrations. But it is an excellent clinic companion. Assuming an ability to examine and a familiarity with standard investigations, the first half comprises hints on the diagnosis and management of common neurological symptoms, such as back pain and dizziness, while the second half describes specific conditions. Each chapter ends with a useful list of references and there are 36 pages of index. Throughout, the emphasis is on therapeutics: on which drugs should be tried when, and what side-effects and interactions might follow. New drugs such as felbamamte and clozapine are