addressed, would be justifiably dismayed to find no account of reflexes, posture, control of movement, sensation, the special senses, speech, or any aspect of neuropathology in a book subtitled 'an introduction to the basic principles of medical and surgical neurology'. It is also intended for anaesthetists, and for these readers there is no question that this book will be extremely valuable. The bibliography is vast, but as the list is not cited in the text it is impossible to know whether the paper has been quoted accurately or at all. The lack of citation undoubtedly makes for easier reading, but seriously detracts from the very considerable value of the book as a shelf reference.

J. A. SIMPSON

CLINICAL STUDIES IN NEUROLOGY 2nd edn. By Harry Lee Parker. (Pp. xiii+364. $8.7.) Thomas: Springfield, Illinois, U.S.A. 1969. This book is an account of a man's teaching, and for this reason alone would be noteworthy. The reader sits in a class of students through a year of neurological teaching, and each brief chapter narrates the weekly case presentations, with history, signs, diagnosis, and treatment. Many patients are presented with disorders ranging from the commonplace to the rare. The style is racy, often dramatic, frequently funny, and always the atmosphere is warm. It is so very easy to imagine the Dublin scene of the 1930s and to accept the characters of the cases shown.

Again and again the emphasis is on clinical observation, and perhaps most of all on the patient's history. Perhaps it is timely that these events, first published in 1956, should come to light again in 1969, and remind us that, in an age of haste, better physicians should take more time over, and greater care with, their patient's history.

The publishers claim that recent advances have been added, and it could be argued that the sections involving the treatment of epilepsy, and on the management of aneurysms should have been updated. But, possibly, this would have disturbed the historical perspective of the book. It is an account of a neurologist's experiences, and there will be no reader who cannot add to his own knowledge from it.

Of course it is not a textbook, but rather a series of narratives which achieve the rare distinction of combining enjoyment with education. It makes delightful reading.

IAN D. MELVILLE

DAS SYNDROM DER OPTISCHEN HALLUZINOSE By Fritz Reimer. Sammlung psychiatrischer und neurologischer Einzeldarstellungen. (Pp. 55; DM.19.80.) Thieme: Stuttgart. 1970. The occurrence of formed visual hallucination, often Liliputian and occasionally polyopic, is by no means uncommon in brain disease, more especially in cases in which there is both gross loss of vision and a moderate degree of dementia. One such case was reported in considerable detail by Bartlet (1951), who drew an interesting parallel between this variety of hallucinatory activity and phantom limb phenomena. Otherwise, this fascinating disorder has not perhaps attracted the attention it deserves, at all events in Great Britain.

In this short monograph, Dr. Reimer reports 17 personally observed cases in which there were marked and persistent visual hallucinations, mainly of small animal or human figures in lively activity. Not uncommonly these hallucinations betrayed an unrastakably sexual content. Although consciousness is said to have been clear and insight adequate, Dr. Reimer notes that his patients were all involved to some extent in their hallucinatory experiences. As in earlier cases in the literature, all Dr. Reimer's patients were in some degree demented and in most (though not quite all) sight was grossly defective.

Whether this syndrome is due to localized cerebral dysfunction is conjectural. In a majority of Dr. Reimer's cases (as in many others in the literature), there was good evidence of midbrain involvement, which he obviously considers to be of great importance in its origin. At the same time, the invariable presence of dementia suggests that a degree of coincident diffuse brain disease is a necessary condition. Perhaps, therefore, visual hallucinosis, like anosognosia, jargon aphasia, and ideational apraxia, is best regarded as due to a combination of 'focal' and 'general' psychological deficits.

REFERENCE


O. L. ZANGWILL

ILLUSTRATED TUMOR NOMENKLATURE/NOMENCLATURE ILLUSTRIERER DES TUMEURS/ILLUSTRIERE TUMOR-NOMENKLATURE 2nd revised edition. Prepared by H. Hamperl and L. V. Ackerman. (Pp. xxv+283; 270 figures; DM.58.) Springer: Berlin, 1969. This book is a sort of illustrated dictionary of common neoplasms of all parts of the body. Each entry consists of one photomicrograph and the tumour's name in English, French, German, Spanish, Russian, and Latin. The name of a given tumour seems to be much the same in all the languages in most instances. Occasionally one synonym is listed. The book is unlikely to prove useful.

DIE NEUROLOGISCHE SYMPTOMATOLOGIE DER NIERNINSUFFIZIENZ By Armin Prill. (Pp. 177; illustrated; DM. 64.) Springer: Berlin. 1969. The dependence of a normally functioning nervous system on normal kidney function has been known for a long time. The author of this book has investigated the subject in a most thorough manner, particularly in cases of chronic renal insufficiency. His findings of disturbed blood chemistry are accompanied by the appropriate clinical findings and refined methods of nervous system function, such as electroencephalography and electrical investigation of peripheral nerves.

The author concludes that the neurological symptomatology of renal insufficiency may be a peripheral polyneuritis or, if the central nervous system is mainly affected, there follows a state with increased reflexes, extrapyramidal hyperkinesis, and at times cerebral seizures.

This volume gains in importance by an excellent bibliography and cannot be neglected by anyone whose