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**


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**


The occurrence of formed visual hallucinations, often Lilliputian 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 unmistakably 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 invariably 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**


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 NIEREN-INSUFFIZIENZ** 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
interests lie in the affections of the nervous system by chemical changes in the patient’s blood.

J. SCHRORSTEIN


We are all in debt to the British Council for publishing so many authoritative reviews. Unfortunately, condensation often makes for turgid reading, but for anyone requiring a rapid survey with key references to a scientific topic on the fringe of everyday medicine they are quite invaluable. This volume is in the usual format. The opening paper by Sir Rudolph Peters reviews the historical development of his concept of the biochemical lesion. The other 15 papers cover a wide field on the reaction between poisons and the cells and the organs of the intact animal. Of particular interest to the experimental neurologists are papers on the neurotoxic action of organophosphorus and organomercury compounds, isoniazid and other substances; psychotomimetics; and on body temperature and its responses to drugs. A particularly valuable survey of the mechanism of saxitoxin and tetrodotoxin is welcome, as these substances are likely to be used increasingly in the study of synaptic transmission. Dr. J. M. Barnes was chairman and Dr. W. N. Aldridge was scientific editor of the planning committee.

J. A. SIMPSON


This is an excellent little book, packed with information. Sleep is one of the fields of physiology in which there has been much progress since the war. Indeed, the investigation of sleep may be considered as the greatest achievement of electroencephalography. The disorders of sleep are divided here into functional disorders, those due to organic conditions, and those associated with psychoses. The book includes sections on somnambulism, sleep paralysis, Kleine-Levin syndrome, narcolepsy, and disturbances of sleep associated with Parkinsonism and general paralysis of the insane.

P. W. NATHAN


Dr. Keats founded his clinic in New Jersey in 1948. His book records his experience over 21 years of active orthopaedics aimed at improving the disability of the cerebral palsied child. The book is mainly concerned with extremities, but includes chapters on the surgery of the central nervous system and on stereotactic surgery.

This book is very valuable to practising orthopaedic surgeons, because it describes all that has been recommended, as well as the procedures that the author has found most useful. The literature has been studied carefully and many of the classical papers on the subject are quoted extensively. The references are excellent. There are only five figures, all of which are in the section on stereotactic surgery technique. These figures are poor and the first two, taken from other publications, are quite valueless. Stress is rightly put on evaluation of the patient before surgery. There are no absolute indications for any operation in this field; every procedure must be considered in relation to an individual patient. I congratulate the author on his complete and masterly review of the complex problem of hip deformities and their management. It is in this field that mistakes are often made. After reading Dr. Keats’ book, I feel sure that serious errors of judgment in the hip problems of palsied children will be far fewer. There are no boring tables to digest. The text is fairly readable. One has to get used to ‘comprehensive treatment program’ for ‘management’, and one must avoid being put off by ‘methodology’ or ‘effective surgical protocol’.

I found the book to be the best complete account of the surgery of cerebral palsy I have ever seen. Its study will be rewarding to those whose experience in this field does not enable them to fall back upon a large personal series. The problems, the operations, the disappointments, and the successes are all well described.

N. J. BLOCKER


These Notes originated in broadsheets issued to medical students at University College Hospital, London, to supplement lectures and clinical teaching. They were written by many authors associated at various times with the Department of Psychiatry in various capacities, ranging from chaplain through the regular psychiatric staff, to obstetrician or dermatologist. The result is therefore a vade-mecum or commentary covering a more extensive area than the conventional textbook of psychiatry.

The first two-thirds of the book cover the usual ground of interviewing, psychopathology, and nosology, and there is little in the content to which objection could be taken, though it is perhaps not possible to write a psychiatric text which would not raise some eyebrows. In this respect many psychiatrists would not recognize the description of reactive depression, and most would probably find it strange that ECT should receive brief mention under ‘other methods of treatment’ to be considered only after antidepressant drugs (including monoamine oxidase inhibitors) have failed.

The book’s distinctive feature, and its greatest asset, is its coverage of the medical, social, and ethical borderlands of psychiatry. A great deal of lip-service is traditionally paid to treating the ‘whole patient’, to the importance of considering psychological factors and life situations in formulating the management of an illness, but most medical texts give scant, if any, attention to these matters. It is generally hoped that the student will somehow assimilate these skills from his contact with clinicians, and that in addition to treating serious illness he will be able to deal in a professional fashion with the problems of sex or dying and will, from somewhere, acquire formed, expert opinions on sterilization or...
J. Schorstein

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