The book runs to over 700 pages and contains no less than 46 chapters. Whilst much of the volume is taken up with frontal lobe epilepsy, there are also contributions to the cytoarchitecture and neurophysiology of the frontal lobes in both man and primates. There are discussions into aspects of neurochemistry relating to frontal lobe projections from the basal ganglia and discussions of the pharmacological management of the partial epilepsies. One can criticise the repetitious nature of many of the discussions. It will certainly serve as a state of the art review for anyone with anything more than a passing interest in epilepsy.

DAVID CHADWICK


"Pain is one of the prime movers of life" declared Francois Magendie. Doctors have advanced from this merciless standpoint, but not enough to satisfy the authors of this decidedly mixed volume.

On the one hand, here are definitive accounts of pain-generating mechanisms (though contentious areas, like those of the cerebral cortex, are avoided) and common-sensical, compassionate descriptions of pain management. But alongside such sound contributions there are ill-conceived and hastily written chapters. Even allowing for constitutional difficulties with minding ones mus, deltas and kappas, getting through a section on opioid pharmacology felt like walking through quick-setting cement, not least because of spectacular typos, e.g. "dele-rituous" (page 699).

The most irritating feature of the book is its inclination to accuse the medical profession en bloc of not advancing from the Magendie line. "Doctors fail because of ignorance, inexperience..." (page 567), "doctors often become frustrated or even angry..." (page 763). Such pejorative and condescending remarks mirror the very opinions these doctors are supposed to have towards their patients. They are unsubstantiated and, even if true, two wrongs do not make a right. The presence of such comments, along with a tendency to sloganizing and attempts at fundraising strike a note of desperation (in a purportedly scientific test) which must ultimately be counterproductive.

These flaws make it hard to recommend the book to neurologists who will already have access to classic textbooks on pain. Similarly, trainees may find the price a little steep for under 300 pages of plainly produced text with few illustrations.

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The greater part of it is a table of recognised neurogenetic syndromes (about a thousand), with synonyms. This table can be browsed either by name (e.g., "which syndromes contain... cleft in their name?"), or, more usefully, by clinical features. By trial, and with selection of features by their significance, it is possible to establish a list of syndromes that match a clinical picture, of a manageable size. To do this task by hand would be possible: it is in principle little different from selecting a particular bundle of groceries from a supermarket. It is beyond this point, though, that the value of the electronic technique is seen, because, effortlessly, the database can display further information about the selected syndromes. It will provide an abstract of each syndrome and references to the original papers. This is the information that is needed to prune the list of syndromes individually to those few which are the possible diagnoses in a particular case. The database also allows searching of the reference list alone and this is in itself a valuable resource because there are just over ten thousand references. There is a facility to file data referring to patients in a third database (which is stored on the computer). This is particularly useful in those situations when a diagnosis cannot be reached initially, and one needs to allow time to elapse as a diagnostic aid, either to allow the significance of particular features to become apparent or because important features are age-related.

There are other methods such as working from the genetic defect where known. whilst no one would claim to be pan-optic, there is a good case for feeling that if a tool like this does not turn up a recognised hereditary cause for a syndrome (however genetic it may look) then there is no such cause. The user's guide warns that this is a system for experts rather than an expert system as such. This database has many strengths: the instructions on how to install it, give the correct information on hardware and software requirements, though finding the 12 MByte of disk space required to run it might be difficult. The instructions are easy to follow. The database is small enough to fit on a reasonable number of floppy disks rather than a CD-ROM. Updates and supplements are planned.

The techniques and procedures needed to operate the database are clearly described in the well-produced manual, and easy to master. There are some points that the prospective user should be aware of. It is plainly intended for the practising clinician and will be of far greater use in the consulting room than in the library. It is strongly slanted towards paediatric practice. Apart from the database's being the product of many years' work from one unit, its organisation represents a fairly individualistic way of going about things. Not many Doctors would wish to keep patient records (even in abstracted form) on a computer.

The overall value of the data is outstanding, and the high quality of the software and presentation (such as the user's guide and manuals) is what one would expect from a major publishing house. There is a commitment to extending this work, and keeping it up-to-date. The main audience for this database is self-defining, but it is to be hoped that many neurologically-inclined Doctors will look at it, especially those who have paper-based resources and, therefore, makes available information otherwise inaccessible due to constraints of time.

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