a non-psychologist. Psychosocial aspects of dementia are particularly well reviewed, not surprisingly in view of the second author's extensive research experience in the field. Reassuringly, non-cognitive features of dementia (of particular interest to psychiatrists and carers) are given some space which is in marked contrast to the small print usually afforded to these features by many other authors. This underscores the breadth of knowledge enjoyed by the editors. At £30, this is not a text for the dabbler, but it would not claim to be such. The authors avoid the trap of extending into areas other than their own, although an overview in the first chapter is presented.

The authors are to be congratulated at compressing their collected knowledge into such a readable and understandable text. It presents the view from one of the many disciplines involved in dementia and I suspect that the medical profession could do well from dipping into its pages, assuming that, even for a short time, we were happy to be included as "other health care professionals."

ALISTAIR BURNS

Cerebrovascular Occlusive Disease and Brain Ischemia (Series: Neurosurgical Topics /10). Edited by ISSAM A AWAD, AANS Publications Committee. 1992. (Pp 308 Illustrated; Price: \$80 for AANS members, \$90 for non-members, \$70 for AANS residents). Park Ridge, Illinois. The American Association of Neurological Surgeons. ISBN 1-8792840-1-4.

Stroke is a vast topic which, while remaining a challenge to the practising clinician is even more so to an Editor producing a book attempting to give an insight into the current knowledge on cerebro-vascular disease. However, Awad has drawn on a number of experts and has provided a high quality book, well written with a useful and practical body of knowledge. I found each chapter to be well written and the organisation of the book is such that it is set out in a logical and well constructed order.

Many aspects of cerebro-vascular occlusive disease are considered such as the natural history, diagnostic evaluation, risk factors, medical therapies and indications for surgery. I found the chapters on Medical Management, Indications for Surgery and Carotid Endarterectomy to be particularly well laid out and the editorial commentary on a number of the chapters to be instructive. The chapter on haemorrhage of cerebral blood flow and ischaemia seemed too long, it could have been successfully shortened while containing all the relevant information.

I found this to be an excellent publication, well written by authorities in their respective areas of expertise. Each of the chapters is followed by an extensive bibliography which allows the interested reader to gain additional information. This readable monograph would be extremely useful to the practising Neurosurgeon, Neurosurgical trainee and Physicians requiring practical and clear information about the complex and vast subject of cerebro-vascular occlusive disease.

G NEIL-DWYER

The Management of Head Injuries. (Series: Oxford Handbooks in Emergency Medicine). By DAVID G CURRIE.

1993. (Pp 192 Illustrated; Price: £14.95). Oxford University Press, Oxford. ISBN 0-19-262052-5.

This is an excellent account of the management of head injuries written as a guide for junior doctors in accident/emergency, orthopaedic or general surgery. As the preface points out it is they who manage 90% of head injuries admitted in the UK as well as four or five times this number who come to accident departments and are sent home. It is, however, more than a set of practical principles because it describes some of the basic pathophysiology in clear terms. There is a section on operative surgery, aimed at the amateur. The text is broken up by line diagrams, some skull x-rays and CT scans, and boxed summaries of essential points. There are a few references after each chapter, rather more of which are to American sources than they need have been. As head injuries are increasingly recognised as an important problem there is no shortage of books on the subject. This one certainly fulfils its stated aim and is to be recommended.

BRYAN JENNETT

Sleep Disorders Medicine: Basic Science, Technical Considerations, and Clinical Aspects. Edited by SUDHANSU CHOKROVERTY. 1994. (Pp 504; Price: £95.00). Butterworth-Heinemann, Oxford. ISBN 0-7506-9002-X.

This is a most excellent book. The editor presents the best of the North American approach to basic sleep research, the measurement of sleepiness and wakefulness, and the approach to a patient with sleep complaints. Two thirds of the chapters are about clinical aspects and 39 authors contribute. This is not a conference proceedings volume. The chapters are succinct, sharply focused, wide-ranging and with excellent figures and bibliography. Some are virtuosos. These include that by Robert McCauley on the neurophysiology of sleep, and the basic mechanisms of the control of wakefulness; Sharon Keenan on how to do a polysomnogram; and Roger Broughton on the parasomnias. All are good. The very latest neuroscience is included with phase response curves for melatonin, immediate early gene expression in the suprachiasmatic nucleus and prostaglandin systems in the medial forebrain as well as excellent descriptions of the multiple sleep latency test, ambulatory cassette polysomnography, and human, rather than automated, scoring of the EEG.

I liked the clinical section very much and learnt a lot from it. As stressed in the foreword, the approach is multi-disciplinary and does not succumb to the temptation of looking at sleep medicine as a primary specialty. In a book as comprehensive as this there must be a few faults. Not all in Europe would agree that the MSLT is essential for documenting pathologic sleepiness and for the diagnosis of narcolepsy, or that neuro-imaging is essential when a neurologic illness is suspected of causing a sleep disturbance. Rheumatoid arthritis is DR4, not DR2-associated. Twenty six possible treatments are listed for the restless leg syndrome, surely an indicator that none are much good. But these are minor quibbles. Let us hope the Clinton Administration will be ready to provide the level of service

needed by the estimated 40 million Americans suffering from chronic disorders of sleep and wakefulness. This book will ensure the finest education for the physician, the highest standard for the technician, and the optimum care for the patient. It is expensive but very highly recommended.

DAVID PARKES

Pocket Handbook of Emergency Psychiatric Medicine. By H I KAPLAN and B J SADOCK. 1993. (Pp 446; Price: £24.00). Williams and Wilkins, London. ISBN 0-683-04539-3.

This is heavy in the hand. To my surprise it fitted my pocket but I would not want it there long. It is intended for all 'emergency room' staff and it deserves a place with other key texts in all A&E Departments. Unfortunately it is written for American readers. Thus the most colourful part of it, colour reproductions of commonly prescribed psychotropic drugs, is largely irrelevant. The section on legal issues could mislead British readers since, for example, it is not the case in the UK that patients can only be compulsorily hospitalised "when they are a danger to themselves or others".

This book has some good features. Clinical topics are organised in alphabetical order from 'Abuse' to 'Wernicke's encephalopathy', 145 in all. The approach to the topics is thorough and systematic; 'Introduction', 'Interviewing' and 'Psychotherapeutic Guidelines', 'Evaluation and Management', 'Drug Treatment' and then useful cross references to other topics. There are numerous tables of diagnostic criteria based on the American DSM-III-R and although British psychiatrists are moving from ICD-9 to ICD-10, the approaches are similar. The systematic approach has the drawback of being over-inclusive in places. It surely goes without saying that if a bottle or light bulb, inserted in the anus, cannot be expelled "emergency evacuation is required". I doubt if many casualty staff or psychiatrists try to achieve psychodynamic understanding first. The systematic inclusion of a section on 'Drug Treatment' for almost all problems gives a mistaken impression of almost routine use of drugs in emergency psychiatric practice. However, these are minor criticisms of a very useful book.

KEITH RIX

Baillière's Clinical Neurology: International Practice and Research: Visual Perceptual Defects. Guest Editor: C KENNARD. (Pp 497; Price: £27.50). 1993. Harcourt Brace and Co. Ltd, Sidcup. ISBN 0-7020-7.

Only 30 years ago the audience at a meeting on cerebral blood-flow was astonished to learn that visual stimuli produced changes in regional perfusion in areas far removed from the occipital lobe. Since then the advances in the understanding of visual processing and of functional specificity in the brain have been so spectacular that the idea of the striate cortex is alone responsible for the detection and synthesis of visual information seems absurdly naive. This understanding has come about from an unusual blend of morphology, physiology, biophysics, histochemistry, psychology and (last but not least) clinical studies on brain-damaged patients and is admirably brought together in this book.

The introductory chapter by R J Douglas sets out the view that the various properties of the visual world such as form, orientation, colour and movement are processed by separate cortical regions with the primary visual cortex acting as an elementary detection and relay station. However there are differing views on how these regions are arranged. In the hierarchical model, based mainly on morphological studies of neural connexions, visual stimuli are analysed for the various properties of form, colour and orientation by successive relay to specific regions at increasing distance from the calcarine cortex. A second view proposes two major pathways one concerned with what a visual object is and the other where it is. The 'what' task is performed by the ventrally situated inferior temporal cortex and the 'where' task by the dorsally situated occipito-parietal cortex. This view is derived from behaviour experiments in animals and on the effects of brain lesions in man. A third view based on physiological recording from various points on the visual pathway proposes that visual information is divided from the retina onwards into two streams, a P (parvocellular) system thought to convey high resolution visual images at high contrast and an M (magnocellular) system conveying low acuity visual information concerned with motion and depth perception. The first chapter discusses these theories and also describes the precise oculomotor mechanisms necessary to maintain high quality retinal images of moving objects. There follow a series of chapters on various visual disorders in man including visual illusions and hallucinations, colour vision, prosopagnosia, Balint's syndrome, object agnosia and residual vision and blindsight. The chapter by Milders and Perrett on facial recognition and by Ruddock on acquired disorders of colour vision are particularly informative and comprehensive.

Considering the scope of the book and the different backgrounds and nationalities of the contributors the style is remarkably even. Illustrations are used sparingly, perhaps too sparingly, and the book compares unfavourably in this respect with the superbly illustrated accounts of visual physiology and psychology aimed at the general reader. References are comprehensive and up to date. Altogether this is a scholarly and stimulating book for neurologists interested in how the brain analyses the visual world (and that should include all of us).

R ROSS RUSSELL

An Introduction to Clinical Neurology (Essentials of Clinical Practice). By ALAN GUBERMAN. (Pp 610; Price: £36.95). 1993. A Little, Brown Medical title distrib. in Europe by Churchill Livingstone, Edinburgh. ISBN 0-316-33073-6.

Contemporary medical books may have two purposes. Either they can provide fundamental instruction about the principles and practice of clinical medicine, or they may assemble and order factual knowledge for reference purposes. The huge growth in factual detail has meant that fewer and fewer books combine these roles. Dr Guberman's book is one of a dying breed which tries to serve both functions. I think it is predominantly intended as a textbook, being titled 'An Introduction.....' and the preface states that it is intended for 'medical

students, postgraduate trainees, non-neurologists, paramedicals and basic neuroscientists'. I would be pleasantly surprised if American students, let alone British, would read a book of this size as a basic text. Basic neuroscientists usually require highly detailed information from reference books when considering the clinical context of their own specific research endeavour. Dr Guberman's book might provide a suitable neurology reference text for paramedicals, but surely the book's main niche must be those training in general internal medicine, such as MRCP candidates in the UK. Here it already faces competition from established books such as "Brain and Bannister's Clinical Neurology" and from the neurology chapters of general medicine textbooks.

Dr Guberman is to be congratulated on the exhaustive breadth of his subject coverage making him one of the most generally knowledgeable neurologists around. The disease coverage is comprehensive, well-laid out, with extensive referencing to core papers. There is a most useful compendium of the neurological side-effects of therapeutic drugs. Inevitably reviewers can have minor quibbles. Colour fundus photographs would have been more helpful. Unfortunately, the illustrations include too many CT scans and myelograms, sometimes reproduced with mediocre quality, in an era where MRI now reigns supreme. I personally don't believe that you can see fibrillations, rather than fasciculations, in the tongue. How often is it necessary to 'extend' the legs to measure the spinal fluid pressure when relaxed breathing and only slight unbunching from the foetal position generally seem to be sufficient?

The extensive sections on clinical method include topics such as probability, Baye's theorem and decision trees. I am never sure about the decision tree model for the diagnostic process. Most neurologists of my acquaintance seem to arrive at the right diagnosis intuitively, only resorting to the decision tree approach in desperation when otherwise baffled. Dr Guberman's advice about testing hypotheses during history taking is sound enough in principle, but his example is somewhat abstruse. When faced with a subacutely weak patient, how many neurologists, let alone students, are sufficiently blessed with knowledge or time enough to enquire about 'making lead glass as a hobby or whether he has ever had wine-coloured urine'? The advice about the clinical methodology or neurology lacks sufficient encouragement to focus the history on the problem in hand, and to develop the technique of performing a selective, five-minute examination pertinent to this problem. Yet Dr Guberman's account of how to perform all the myriad components of neurological examination is lucid and could be used profitably by students wishing to learn "how to do it all".

Dr Guberman has undertaken the difficult task of writing a comprehensive textbook of general neurology by writing 26 out of the 29 chapters himself. I wonder how many more detailed neurological treatises of this quality, written by a single author, we will see in the future.

MICHAEL DONAGHY

Stereotactic Radiosurgery. Edited by E ALEXANDER III, J S LOEFFLER and L D LUNSFORD. (Pp 254, Illustrated; Price:

£75.00). Oxford, Blackwell Scientific Publications Ltd. ISBN 0-07-001020-X.

Stereotactic Radiosurgery has had an unexpectedly large influence on neurosurgical practice as Charles Wilson points out in his foreword to this excellent book on this subject. As Radiosurgery in its various forms is used in many centres by doctors of widely differing experiences and training it becomes more and more crucial that its use is securely based on sound principles of radiobiology and physics as well as of stereotaxy and neurosurgical practice. Its distinguished panel of authors are respected exponents of the technique and well placed to give this volume authoritative accounts of the different characteristics of Gamma Knife, Linac, and Heavy Particle therapy, the principles involved as well as the results that can be achieved and pitfalls to be avoided. The range of conditions that have been treated by radiosurgery is wide but it is no panacea and its proper application requires careful selection and disciplined execution. This book offers a valuable survey of the present situation as well as some provocative thoughts about what the future may hold for the method.

D M C FORSTER

The Surgical Management of Epilepsy. Edited by A R WYLER AND B P HERMANN. Publisher: Butterworth-Heinemann, Oxford 1994. (Pp 277; £60.00). ISBN 0-7506-9416-5.

This is another book targeted at the growing market of clinical groups seeking education in the surgical treatment of epilepsy.

It is a multi-author book divided into four sections. The first deals with prognosis and is a helpful contribution; especially the chapter devoted to epileptic syndromes. The next section deals with preoperative evaluation and is reasonably comprehensive, although the separation of the chapters on basic neuropsychology and the Wada test by a chapter on preoperative psychiatric evaluation is bizarre. Unfortunately the chapter on surgical procedures is weak. Ten pages on cortical resections including temporal lobe resections is quite inadequate. The chapters on outcome are reasonable, although the one on reoperation presents only the editors' own series.

Much of the material in this book is from the editors' own writings, or those of their colleagues, and although much of it is valuable, it does not constitute a good overview. As an introduction to the topic it is excellent, well produced and at a reasonable price, and as such would be a good introduction for trainees in the appropriate neurosciences disciplines, and nursing and paramedical staff who wish to have a detailed account of these matters.

CE POLKEY

CORRECTION

Anderson, Milne. Management of cerebral infection. *J Neurol Neurosurg Psychiatry* 1993;56:1243-58 (Neurological emergency). The dosage of dexamethasone should be 0.15 mg/kg body weight every six hours for four days.

This correction was wrongly attributed to the editorial in the May issue.