Malta fever, which we call brucellosis after Bruce who discovered the gram-negative organism in 1886, is called Bang's disease in German-speaking countries, following the identification of the organism causing contagious abortion in cows and pigs by Bang and Traum four years later.

This monograph, with its many tables of figures, 207 references, and excellent review of the literature, is recommended to all interested in this disorder, as well as to all medical libraries. It reports the author's 104 cases of brucellosis together with 44 controls; the controls did the same jobs—veterinary surgeons and dairy workers—as the patients, but they were free from the infection.

In this granulomatous infection, the neurological picture occurs mainly in the chronic stage. Between 60% and 85% of patients have symptoms referable to the peripheral nerves, although neurological signs are often minimal. In the author's series, the peripheral nervous system was involved twice as often as the central nervous system. Pain is always an important characteristic of the disease, 73% of this series coming to the doctor on account of pain. It can be burning or shooting; it is in the distribution of the peripheral nerves, in the muscles and in joints. Orthopaedic manifestations of the disease are also common; 35% of the patients presenting with the picture of prolapsed discs. The patient, if untreated, usually recovers spontaneously.

P. W. NATHAN

DISORDERS OF THE SKULL BASE REGION Nobel Symposium 10. Edited by Carl-Axel Hamberger and Jan Wersall. (Pp. 364; illustrated; 280s.). John Wiley: New York. 1969.

This book of 364 pages is based on the proceedings of the Tenth Nobel Symposium held in Stockholm, August, 1968. It was organized by Swedish otolaryngologists and the proceedings were edited by the Professor and Associate Professor of Otolaryngology of the Karolinska Institute, Stockholm. There were 79 participants, 44 of whom were Swedish; the book was printed in Sweden and published in the United States of America.

The nature of a book with such a title is not self-evident and in view of the extraordinary price the reviewer believes prospective buyers would like to be fully informed of the contents, which are as follows.

Seventeen pages of preliminaries (preface; contents; organizers; participants, and a half page devoted to welcoming and opening address); acoustic neuroma, 130 pages; pituitary gland, 110 pages; glomus jugulare tumours, 40 pages; miscellaneous skull base tumours, 43 pages; and trauma of the skull base, 20 pages.

In each topic there are communications, many of them very brief, on aspects of anatomy, pathology, clinical and radiological investigation, and on surgical techniques. The audiological diagnosis of acoustic neuroma takes only three pages; the diagnosis of vestibular system disorders two and a half pages; cerebrospinal fluid diagnosis in acoustic neuroma (50 cases) is the only contribution by a neurologist (two pages, one of which is filled by two tables); the anatomy of the pituitary gland takes four and a half pages, which includes three

large illustrations, two of them on the histology of the gland in the guinea-pig; pituitary tumour pathology, five pages (two pages of which are made up of four electron microscope photographs); changes in the sella turcica in pituitary tumours, three and a half pages. And so on.

I have no doubt that the participants enjoyed this symposium, that friendships were established and renewed, and that information was exchanged. But much of the printed discussion is quite banal and lacking editorship. A few examples. 'Did your slides represent material from human beings or animals?' (p. 42). The reply leaves the reader still guessing. And, 'My sincere compliments for a very complete anatomical study presented in a most illustrative manner' (p. 144). And what does this mean? On parapharyngeal tumours (p. 335) 'if you are taking the biopsy specimen through the mouth, you will get scar tissue, which makes extirpation of the tumour much more difficult. Therefore, I advise you to make a puncture biopsy only through the mouth or from the outside'.

The book is undoubtedly based on considerable practical achievements by surgeons and radiologists in this region of the human body, and most neurologists will find something of interest in it. A rhinologist contemplating hypophysectomy or an otologist anxious to try his hand at the translabyrinthine approach for acoustic neuroma may think it valuable. \$33.50 to Texan or Californian Otolologic Medical Group may be chicken feed, but if, as the secretary of the Nobel Committee of Medicine said in the closing address, 'the main intention of the Nobel donation has been to promote better international understanding and goodwill', then the inflated price of this book only defeats this laudable object.

In the 1970s somebody will surely arrange a symposium to consider how symposia were best organized for the benefit of all.

J. D. SPILLANE

THE PRINCIPLE OF PARSIMONY IN MEDICINE and Other Essays By I. M. Tarlov. (Pp. xi + 65; \$4.75).

Thomas: Springfield, Illinois. 1970.

This short volume of essays by a well-known American neurosurgeon is centred round a particular interpretation of Occam's razor. It has all been said before and the style is not outstanding, but it will pass an idle hour. (Neurosurgeons will hope for a better future than Dr. Tarlov predicts.)

J. A. SIMPSON

BRAIN'S DISEASES OF THE NERVOUS SYSTEM 7th edition.

Revised by the late Lord Brain and John N. Walton. (Pp. xv + 1062; 129 figures, 95s.). Oxford University Press: London. 1969.

It is a little unfair to criticize a book prepared in the present circumstances. The late Lord Brain must have been aware that his well-known textbook was becoming too esoteric for the general reader or the candidate for Membership and DPM examinations when he wrote *Clinical Neurology* for them. On the other hand, 'let's look up Russell Brain' had become heard less often in

sophisticated neurological circles faced with a problem. In this edition it is clear that it is intended to provide a much more comprehensive reference work. At the time of his death Lord Brain had started on the revision, but the main work fell to Professor Walton. His task must have been difficult as he was required to change the purpose of the book while retaining the character of the original. He has performed this feat extremely well, especially in the new chapter on disorders of muscle, but will undoubtedly wish to impose more of his own progressive ideas in future editions.

The section on sensation leaves a lot unsaid; the cerebellum is pre-Eccles, and the instructions for confrontation perimetry perpetuate the standard description which defies the laws of physics. Modern neurology needs more reference material on CSF globulin and less about the Lange curve; and surely every neurologist should now know the elementary facts about the normal EEG. The section on the use of EEG, echo and scan in diagnosis of cerebral tumour is quite useless. A book with international circulation should not use proprietary names for drugs.

It is good to see mark VII of an old friend. It has abandoned humble clay. Will a future edition establish it in orbit? Professor Walton could do it, but if the book is tested by sampling areas of special interest it is clear that an advanced reference book requires multiple authorship.

J. A. SIMPSON

THE DEVELOPMENT OF THE INFANT AND YOUNG CHILD: Normal and Abnormal. By R. S. Illingworth, 4th edition. (Pp. v + 382; 169 figures 42s.). E. and S. Livingstone: Edinburgh. 1970.

Previous editions of Professor Illingworth's book on infant and child development have been deservedly popular with paediatricians, and have contained much material of interest to those neurologists who are concerned with the diagnosis and management of neurological disorders in childhood. This new edition, like its predecessors, is notable for its clarity; it is well illustrated and each chapter ends with a list of references, many to papers and monographs which have been published since the third edition appeared. The book is arranged logically, it makes easy reading, and it is excellent value for money. The chapters on reflexes and reactions, on the assessment of the newborn, and on the diagnosis of cerebral palsy deserve special praise. Despite its comparative brevity, and one or two omissions, particularly in relation to inborn errors of metabolism which may be associated with mental retardation, the author has generally avoided over-simplification and excessive dogmatism and the book can be confidently recommended as a clear and simple review of a complex topic.

JOHN N. WALTON

HUMAN NEUROANATOMY 6th edition. By Raymond C. Truex and Malcolm B. Carpenter. (Pp. xiv + 673; illustrated; £7 10s.). Williams and Wilkins: Baltimore. 1969.

This book, formerly by Strong and Elwyn, has reached its sixth edition because it so exactly meets the requirements of clinicians. The authors have selected their material to provide a reasonably comprehensive textbook

for those medical students who read neuroanatomy as an elective subject in the new curricula, and have borne in mind the requirement of residency training programmes in neurology. British teaching is moving in the same direction—basic integrated programme with elective courses. This book is admirable for its purpose. A particular feature is its illustration of the anatomical basis of clinical syndromes.

Students who find difficulty naming spinal tracts will note that even Homer may nod (Figure 13-12 legend).

J. A. SIMPSON

MISSILE WOUNDS OF THE BRAIN A Study of Psychological Deficits By Freda Newcombe. (Pp. vi + 145, 10 figures, 45 tables, 45s.) Oxford University Press. 1969.

This monograph is a follow-up study of head injured patients 25 years after injury. The cases are drawn from those treated in the Oxford Head Injury Centre during the second world war and comprise 97 patients who had localized injuries of the cerebral hemispheres. The injuries were graded according to the estimated amount of brain tissue loss, depth of wound, and localization in the hemisphere. They were all subjected to a battery of tests designed to test intelligence and problem solving, various verbal tasks, and visual pattern identification and spatial orientation. The results of these tests were then subjected to statistical analysis.

The results, in brief, tended to confirm established theory concerning cerebral hemisphere function. The group did not show any intellectual loss or, indeed, deviation from a normal control group. Most left hemisphere patients showed some verbal defect, although this was usually not apparent clinically, and right hemisphere lesions showed defects in visual pattern identification and spatial orientation.

Brain injuries are not ideal cases for assessing localized cerebral function, for although areas of gross and localized damage can be estimated, there is no means of identifying the amount of general cerebral damage that always occurs in such injuries. Nevertheless, this work has filled a gap in providing information on a closely controlled test process, and will serve as a reference source for all future work on head injuries. The work is nicely produced and clearly written and should be read by all concerned in the treatment of head injured patients.

BRODIE HUGHES

AUTOGENIC THERAPY Vols. 1, 2, and 3. By J. H. Schultz and W. Luthe. (Pp. iii + 255; iii + 219 and iii + 228; illustrated; \$13.75, \$11.75, and \$11.75). Grune and Stratton: New York. 1969.

Autogenic training has been defined as 'a deliberate effort of will directed upon one's own psychic and somatic life, through first inducing a change in consciousness and then, through auto-suggestion, a state of "complete inward self-relaxation"'. It bears an obvious resemblance to the techniques of Yoga and has attracted some attention, especially in the German-speaking world, following the publication of J. H. Schultz's book on the subject in 1932. These three very expensive volumes are part of an expanded American edition of the original text. The first volume is concerned with methods; the