

circulation, one with electron microscopy, and seven with forms of treatment, including cerebral vasodilators and activators, hyperbaric oxygen, and procaine. The impression is of a serious lack of appreciation of the part played by non-vascular disease, and of a multiplicity of poorly designed and executed studies of drugs, although there is no doubt that this is a field in which good studies are very difficult. Except as a source of references, few readers in the United Kingdom will find much to interest them.

F. I. CAIRD

NEUROSURGICAL ANAESTHESIA By A. R. Hunter. (Pp. 344; illustrated; £10.50.) Blackwell: Oxford. 1975.

This book is based on the wide and extensive clinical experience of Andrew Hunter and, as such, is a welcome addition to the neuro-anaesthetic literature. It is actually a second edition of a book, but it has been so extensively enlarged and rewritten as to constitute virtually a new text on the subject.

The early chapters are devoted to the basic physiology and pharmacology relevant to the subject, and provide a comprehensive review of the literature, though, inevitably, some recent work is missing—for example, the breakthrough of autoregulation at high blood pressures and the clinical dangers of hypertension are not considered in any depth. In the section on cerebrospinal fluid, it is regrettable that CSF pressures are quoted in mmH₂O and not in mmHg. On the whole, though, this section of the book provides an adequate foundation for the following clinical section, and the chapter on cerebral venous drainage is particularly clear and helpful.

The clinical section of the book is obviously based on the author's personal experience and accumulated wisdom over many years, and is invaluable to all those interested in the subject for this reason. The necessary converse of this is that it is a highly personal account of the author's practice, in particular the emphasis given to the technique of supplementing anaesthesia with thiopentone and methohexitone infusions is excessive in relation to the general employment of this particular technique. Similarly, a great deal of space is devoted to the clinical consequences that follow from the author's belief that air embolism is more common during controlled ventilation than during spontaneous breathing, although this view is not universally held. The chapter on hypotension is outstanding in the clinical section, while the one on monitoring is disappointing, omitting among other things

end-tidal CO₂ measurement.

Provided, therefore, that the reader appreciates that the book, in its clinical sections, represents largely an account of the author's practice, he will gain greatly from Dr Hunter's account of the subject, which includes innumerable practical suggestions and helpful advice.

D. G. MCDOWALL

DYNAMIC NEUROSCIENCE. ITS APPLICATION TO BRAIN DISORDERS By George O. Watts. (Pp. 456; illustrated; \$17.97.) Harper and Row: Hagerstown. 1975.

This is a textbook that I cannot recommend to students or postgraduates. The author, a neuro-anatomist, has attempted to provide an account of all aspects of the nervous system, from structure and function, to disease and treatment. He has adopted the novel approach of dividing his topics according to functional systems in the brain. Thus, for example, one section is entitled 'Input, mood and memory', and includes the problems of pain, migraine, backache, drug addiction, all psychotic illness and psychopharmacology, memory, oligophrenia, inborn errors of metabolism, dementia, hepatic coma, etc. The result is incoherence. Much of the language is novel North American. 'Malphrenia'—a sick brain—replaces schizophrenia; 'the neuratrist' replaces the neurologist. While the anatomical information is generally, if superficially, correct, the biochemical data often are not, and the clinical information is frequently quite inaccurate or misleading. That 'diazepam calms the amygdala, phenothiazine soothes the RF and hypothalamus' carried poetry a little beyond fact. Scant attention is paid to critical evaluation of evidence, and theorising in advance of the facts is all too common. That compulsive sex criminals and liars and criminals in general are subject to paroxysmal electrical discharges in temporal regions is not yet accepted in Courts of Law, nor should this book be purchased for a library.

C. D. MARSDEN

BEHAVIORAL SCIENCE IN CLINICAL MEDICINE By Stewart Wolf and Helen Goodell. (Pp. 230; illustrated; \$14.50.) Thomas: Springfield, Ill. 1975.

First year courses in behavioural science at British medical schools are now becoming firmly established in the curriculum of studies. This book should prove immensely helpful to our medical undergraduates, notwithstanding its pronounced orientation towards the American cultural scene. The writers were at the outset of their careers