Clinical Neuro Anatomy by Richard S Snell (pp 559; £14.70, \$21.95) Boston: Little Brown & Co. 1980.

A book not to be recommended to medical students or to anyone else; a pity. Dr. Snell writes in the preface; "Too many students complain of the complexity of the terminology in neuroanatomy and the difficulty they experience in understanding the relations of the different parts of the brain to one another. Unfortunately, this is often the fault of the Professor." I imagine that Dr. Snell is an enthusiastic and popular teacher of anatomy to medical students. His text is conversational and dilatory; most paragraphs and sentences could be cut to half their length. There are too many figures, photographs, microphotographs and diagrams, often repetitive and sometimes misleading and poor; all this and the rather unnecessary colour photographs of the brain probably double the size and the price. It is odd that there are no computerised axial tomography pictures in a book published in 1980. An interesting feature of the book is the clinical notes and problems after each chapter and answers to clinical problems, albeit from an anatomist, on the last thirty-five pages. Comparison with smaller texts from this side of the Atlantic like Nathan's or Brodal's is not favourable. And by the way, WH Smith's bookstalls currently sell an American reissue of Gray's Anatomy for £4.50; a better buy.

I JANOTA

Headache by Neil H Raskin and Otto Appenzeller (pp 244; £10.00) London: W B Saunders Co. 1980.

This book on headache by two experts in the field is in a series of "Major Problems in Internal Medicine". Of the nine chapters, three deal with migraine in its clinical aspects, pathogenesis and treatment. There are also chapters on tension headache, cluster headache, post traumatic headache and giant cell arteritis. Considerable research has been going on in these fields in recent years and this book gives an extremely good and up to date review of the subject. It is well written, easy to read, and I congratulate the authors on a worthy successor to Wolff's larger tome. I would

recommend it without any hesitation, not only to general physicians but to neurologists.

F CLIFFORD ROSE

Bias in Mental Testing by JR Jensen (pp 786; \$29.95) New York: Free Press, 1980.

Psychometric testing has come under fire in a number of ways. Prominent amongst these are allegations that tests are unfair or biased in that they may seriously underestimate the capabilities of subjects from disadvantaged or minority backgrounds and who lack the value systems of the educated middle classes. Such criticisms have been particularly strong in the USA especially in relation to educational and occupational selection and have resulted in a number of lawsuits.

Jensen sets out to examine the accusation of bias and concludes that "the most widely used standardised tests are not biased against any of the native-born English-speaking minority groups for whom sufficient data exists." The evidence on which this conclusion rests relates only to the American scene but, if Jensen is considered correct, would substantially help to allay similar fears in Britain. The problem is that critics are unlikely to be convinced by Jensen's arguments and would probably argue, amongst other things, that his conclusion is only apparently plausible because of a too limited definition of bias. Regardless of whether Jensen's conclusions can be considered to have settled the question (and this reviewer thinks that they do not) Jensen does a useful service in showing that many of the more extreme critics have grossly overstated their case and that any cultural bias is less self-evident and all pervasive than some assume. He also clearly indicates that the very concept of bias in this context requires more careful analysis than it usually receives in order to reach sensible conclusions. On the whole, this is a useful contribution to the literature on psychometrics but is likely to be of more direct interest to educators and those involved in personnel selection than to clinicians.

EDGAR MILLER

Textbook of Child Neurology, 2nd ed By JH Menkes (pp 695; £22.00) Philadelphia: Lea & Febiger, 1980.

Dr Menkes is to be congratulated on a diligent updating of his well-known

text on paediatric neurology. His own special interest in neurometabolic diseases is reflected in the space devoted to rare hereditary diseases which have been the subject of such intensive and fruitful research in the past decade, and which form the substance of most of the revision in the present edition. The format and chapter headings are the same as in the first edition, and once again the principal author is fortunate in having the experienced assistance of Kinsbourne, Batzdorf, Gabriel and Weil with chapters on disorders of mental development, on trauma, on malformation and on infections respectively.

In his preface, Menkes reaffirms his belief in the pre-eminence of the clinical method and acknowledges this has been uppermost in the preparation of his text. He writes slightly disparagingly of the temptation to succumb to computer diagnosis but having read the text I hesitate to accept this view.

Unquestionably those of us practising neurology believe, with Menkes, that our clinical experience enables us to recognise and diagnose rare conditions which elude lesser mortals, but are still, I suspect, dependent on the gestalt of pattern recognition. How do we identify for the first time those very uncommon conditions which we have never previously recognised? Reference to standard texts, including that now being reviewed, is, in my view, not of much help if one can judge by comparison of the descriptions of those rare syndromes with which one has some familiarity. The number of rare neurological diseases of childhood is legion, and growing and difficult to encompass, competing for neurones with the ravages of the years! Since identification of diseases is more than of academic importance for genetic and prognostic reasons, it is in this sphere that a diagnostic computer which Menkes scorns may be more useful than a text, however exhaustive the latter.

Certain mistakes in the first edition are repeated—the inclusion of a dominant form of inheritance in Friedreich's ataxia and sex-linked inheritance for Leber's hereditary optic atrophy. Surprisingly, the juvenile form of Krabbe's leucodystrophy is not mentioned, nor is white matter disease as an integral feature of Cockayne's syndrome.

Nevertheless, as a book into which neurologists and paediatricians may wish to dip, this represents one of the better texts in paediatric neurology, and it includes numerous source references.

JOHN WILSON

Anticonvulsant Therapy, Pharmacological Basis and Practice by Mervyn J Eadie and JH Tyrer (pp 338; £17.00) Edinburgh: Churchill Livingstone, 1980.

One of the most useful advances in the management of epilepsy has been our deeper understanding of the pharmacokinetics of the drugs that are currently available to us. Our ability to measure plasma levels has enabled us to appreciate the marked intersubject variability which occurs in the handling of antiepileptic drugs and has led to a widespread acceptance of the fact that correct tailoring of the dose to suit a patient's metabolic needs is essential if an optimum response is to be achieved without risk of intoxication. Furthermore, we have been able to determine the plasma half-life of each of the drugs and therefore to rationalise the regime for drug administration. We have learned for instance that a single nightly dose of phenobarbitone is as effective as the same dose divided into three daily administrations, and is much more likely to be remembered.

The explosion of investigative work in this area is producing a situation in which an author wishing to review the field takes on an increasingly Herculean task. In this respect, Eadie and Tyrer have succeeded well, giving a balanced and systematic review of the pharmacodynamics, pharmacokinetics, interactions and toxicity of each of the main drugs in turn. The book is well referenced and provides an excellent starting point for someone beginning in the field. Naturally, the authors choose to illustrate the book with their own work, and although this is to be expected, in this instance it is inclined to give it a somewhat idiosyncratic appearance. In particular, the dose-plasma concentration plots (of which there are no fewer than 42) are most unhelpful. When these are constructed on single observations on many patients they fail to show the

true relationship because the prescriber influences the plot by dosage tailoring. Slow metabolisers tend to be given small doses because they become intoxicated at higher doses, whereas fast metabolisers are likely to have had their doses increased because their fits were not controlled by low doses. This tends to flatten the plot and cause it to droop at the top end, and comments such that "a parabolic regression fits the data slightly better than a linear regression" are meaningless in pharmacokinetic terms, as well as most unhelpful to the prescriber seeking guidance on dosage. As a result of these plots the authors come to the surprising conclusion, which they are unable to explain, that the relationship between methylphenobarbitone dose and plasma phenobarbitone level is linear, whereas when the drug is administered as phenobarbitone itself, the relationship is curvilinear. They therefore recommend the use of methyl phenobarbitone rather than phenobarbitone because it is easier to manipulate, ignoring the poor absorption of the drug and its variable conversion to the active phenobarbitone. Few, I think, would support this recommendation.

A further peculiarity is the use of "valproate" levels rather than valproic acid. The authors accept that phenytoin and phenobarbitone are measured as such in plasma despite the fact that they are often given as their sodium salts. Why not valproic acid? In fact, in many of the articles they cite in their discussion of "valproate" levels, valproic acid was measured rather than sodium valproate. Perhaps this is a minor quibble, but one that makes an error of 15 per cent or so on the measurements. What, incidentally, should our North American colleagues do when they administer valproic acid itself? Or our South American colleagues when they administer the magnesium salt?

Despite these criticisms, there is a lot in this book for the practising physician. The large section on pharmacokinetics is prefaced by an introductory section on the basic principles governing the drug management of epilepsy and is followed by a concluding section on the clinical use of antiepileptic drugs. There is some sound advice in these sections, although the

authors might be advised to consider combining parts of them in future editions in order to avoid overlap. Perhaps, also, they could persuade the publishers to allow them to use *et al* in the text. Lists of seven or eight authors spelled out in full in the text makes rather heavy weather of it, apart from using up costly space. The book is intended primarily for clinicians who treat epileptic patients. It can be thoroughly recommended to them.

ALAN RICHENS

Pocket Book of Clinical Neurology by Richard Suchenwirth (pp 214; £9.75) Chicago: Year Book Medical Publishers, 1979.

Students of Neurology, faced by unfamiliar clinical problems, need a reliable source of elementary neurology explained in terms of applied anatomy and physiology and many will find diagrams as useful for quick reference as explanatory text.

Almost half the well produced "Pocket Book of Clinical Neurology" consists of full page diagrams, clinical photographs and tables. These are mostly clear and informative. Some are repetitive: nine pages are not necessary to establish the principle that mass lesions displace normal structures. Minor variations in approach and emphasis are inevitable in a translation originally intended for a different readership. These do not matter but this book suffers from more serious problems.

The description of common neurological syndromes is often incomplete, for example the section on the Brown Sequard syndrome does not mention proprioceptive sensation. These omissions will confuse readers with partial understanding of neurology and those with more experience will question some statements and recognise many factual mistakes in the text. Unnecessary information, such as the number of peripheral sensory receptors or spinal cord extrapyramidal fibres, is included. The liberal use of obscure eponyms is perhaps excessive for a book of this size but everyone will applaud the author's (translators') imagination, and neurology is richer for the "Robin Hood" syndrome of