Book reviews

It is the reviewers' opinion that a double blind trial is necessary before establishing such a programme, even if the many contentious aspects of the methods and their interpretation are accepted. All clinicians, scientists and publishers have a moral duty to ensure that undue optimism or anxiety are not engendered by their publications and hypotheses.

AN DAVISON AND P RUDGE

Reference

- 1 Bates D, Fawcett PRW, Shaw DA, Weightman D. 1978; 2:1390-1.

Genetics of Epilepsy: A Review by M E Newmark and J K Penry (pp 132; \$20.49) New York: Raven Press, 1980.

The contribution of hereditary factors to the development of seizures has generated some of the most powerful mythology of epilepsy over the centuries. For this reason epileptic patients and their relatives are undoubtedly anxious to know the truth about the risks of passing on the disorder to their offspring. Some of the questions raised are difficult for the clinician because the subject is complex and has been inadequately researched. Further the data, much of which is conflicting, is not readily available. The authors of this slim volume have therefore provided a very useful service in summarising our meagre knowledge of the genetics of epilepsy. They rightly point out the problems of studying a disorder which is so difficult to define and classify, which can be symptomatic of so many other diseases of the nervous system, and which is further confused by incorporating EEG data, with all its inconsistencies and mysteries.

The book is divided into three principal sections; a discussion of the indirect evidence of inheritance of epilepsy, such as animal studies and hereditary diseases of chromosomal abnormalities associated with epilepsy; a review of the direct evidence of inheritance such as twin studies, clinical studies of probands and relatives, EEG studies; and a consideration of the influence of certain factors such as age and sex, and the significance of family history for prognosis. The book is essentially a summary of

present knowledge emphasising clearly how little we know. Of the 117 pages over 50% are taken up with tables and references. However it also provides useful evidence for the clinician with which to dispose of many of the more exaggerated ideas of the influence of inheritance. One weakness is that it does not include photosensitive epilepsy, which will apparently be the subject of a separate volume. This is a pity as it provides some of the more solid evidence for the influence of hereditary factors and would have illuminated much of this text.

This book will be indispensable to those wishing to dip into the subject for the first time, and hopefully will be a stimulus to some to undertake more rigorous studies with modern methods.

E REYNOLDS

Orthopaedic management of Cerebral Palsy by Eugene E Bleck. (pp 266; £15.50) London: W B Saunders, 1979. This book is written by an American orthopaedic surgeon with a very wide experience of cerebral palsy. Its strength therefore is that the pros and cons of surgical intervention are discussed by someone who has tried the major procedures and reviews both his own experience and that of other surgeons. Any orthopaedic surgeon, paediatrician or physiotherapist needing such a detailed discussion including descriptions of the surgical procedures will find this book an invaluable source of information. The author consistently attempts to keep the reader thinking in a dynamic fashion about motor problems and uses gait electromyography quite extensively in assessment. The reader is encouraged to think in a commonsense, goal orientated fashion. The author discusses upper limb surgery in detail but the reasons for varying enthusiasm for such procedures amongst orthopaedic surgeons are not.

The problems with the book are several but really inevitable in a single author book on such a complex subject. Spastic hemiplegia, diplegia and quadriplegia are really all that the author deals with and it is most people's experience that the incidence of the first two varieties has fallen and that

relatively speaking rigid extrapyramidal disease and ataxia have assumed a greater proportion of the work. In fact, all of the surgical manoeuvres required for managing patients who do not fit into the original classification are available but the picture given of the natural history of cerebral palsy is oversimplified. The author's belief in performing multiple procedures on occasions make one concerned whether all are critical to the operation's success or that less experienced surgeons should follow this example. Whilst bracing is given the expected thorough treatment there is rather less critical analysis of special seating. In patients with total body involvement orthotics and physical therapeutic methods are dismissed as ineffective in the prevention of hip dislocation and yet seating emerges as a useful prophylaxis after surgery to a dislocating hip. It is in patients with total body involvement that the simple muscle imbalance theories of the origins of joint deformity fail to convince and that the wide variation of clinical problems make for difficulties in testing of all types of treatments. Perhaps some mention of the pre-operative and post-operative management of very severely mentally retarded patients would have been of interest. However, it is good to see that the author is prepared to be actively involved in the management of non-ambulant patients.

This book is therefore to be recommended as a most important source of information on the orthopaedic management of cerebral palsy.

BGR NEVILLE

Priorities in Psychiatric Research By Malcolm Lader (pp 231; £13.50) Chichester: John Wiley & Sons, 1980.

This book is based on a symposium concerned with priorities in psychiatric research and organised by the Mental Health Foundation, held in September 1979. In most instances the speakers have expanded their originally rather brief scripts into more detailed reviews. The result is a series of chapters by experienced research workers who consider the present status and the possible future development of important areas of psychiatric research. The book is not, as are so many symposia publications, a collection of reports of already pub-

lished research. The areas of research covered include biochemistry, sociology (a most stimulating paper by George Brown), epidemiology, motivation of research workers and the quality of their work (an original and fascinating paper by John Cooper), mental handicap, child psychiatry, clinical research generally (a thoughtful paper by Robert Kendall), psychogeriatrics, behavioural and dynamic psychotherapies, pharmacology and neuropsychiatry. Finally Sir Denis Hill and Peter Sainsbury consider research in academic and hospital (and community) settings respectively. Some of the discussion after each paper is also recorded: this is of rather more variable quality.

The editor is to be congratulated on the speed of publication and the book is recommended reading for anyone interested in (and especially anyone contemplating) psychiatric research.

JL GIBBONS

Neurological Examination in Clinical Practice, 4th ed By Edwin R Bickerstaff (pp 339; £18) Oxford: Blackwell Scientific Publications, 1980.

When this book first appeared in 1963 the Midlands tradition of Stanley Barnes became part of contemporary neurology. It was careful and painstaking and laced with wisdom and wit, a guide to the grammar and syntax of practical neurology for the aspirant to consultant medicine. The reader cannot dawdle: before he has picked up *his* hammer and ophthalmoscope—not the vintage tools of fig 1—his work has begun. The step and the voice, even the time and manner of arrival, of some unseen patient have their message for him; and sometimes the clamour and commotion warn him of the extremes of neurology—the very ill and those who think that they are very ill. Step by step the author takes his readers through the niceties of history and examination, illustrating by word, diagram and picture almost every movement which the doctor and his patient must make. Where the patient fails, there is a comment always, an inference often, a diagnosis sometimes.

Why should this change in 17 years? Despite the demands of publisher and public for a new and bigger edition, the essential Bickerstaff remains. His claim

that diagnosis has been “transformed by one particular new technique,” CT scanning, belies the clinical skills of which he is an acknowledged master; more soberly he writes that scanning “has brought to intracranial diagnosis a new dimension” but unfortunately restricts comparison with earlier methods to arteriography. An unforeseen complication of CT scanning may be the disappearance of radiologists versed in air encephalography, still the most sensitive probe of the secret places of the skull. Although the chapters on laboratory and ancillary investigation are deliberately superficial, they form a well executed guide to the selection, quality and depth of such tests and are a useful complement to the clinical sections. Of the brilliance, range and penetration of these latter none can complain.

Over-emphasis is a subtle fault. Dr Bickerstaff's statement that “by the time the history is complete, the physician should be three-quarters of the way towards the diagnosis” belittles the examination—the title and subject of his book. He keeps a style and idiom which are slightly artificial in 1980. Pupils react to light and are seen to constrict and converge but accommodation is invisible at the bedside: the near reflex or response, or the near triad, are better terms. Pulsation of the retinal veins, visible in most healthy subjects, is not mentioned as a sign of *normal* intracranial pressure. Rapid saccades, to command, in vertical and horizontal planes accentuate minor defects of ocular motility and the “onion skin” pattern of trigeminal analgesia is a classic sign of syringobulbia: neither is listed in the sections on the cranial nerves nor does the dramatic sign of mirror movements, indicative of spinal or medullary dysraphism, appear in the appropriate chapter. An account of muscle function with over 40 pictures showing the action of individual muscles and the method of testing them has an exceptionally wide appeal: in casualty, in the surgery, in the recovery room and in the orthopaedic clinic as well as in neurological practice. It is, therefore, unfortunate that the spinal root derivation of the obturator nerve (fig 52) has been confused with that of the superior gluteal nerve (fig 53). The error is not total as adductor magnus has an additional supply from the sciatic nerve,

thus enabling it to act as synergist to the hamstrings. An account of the differential response of myasthenic muscles to anticholinesterase and the control of therapy by serial edrophonium testing would enhance the value of this chapter.

Persisting with the vocabulary of aphasiology which was popular in 1963, the author has overlooked the needs of his readers in the Americas and in the Far East (his book has been translated into Japanese) who will be familiar with the phraseology of New England. However much he abhors the new “cartographers” of higher intellectual activity, he could have discussed with advantage fluent and non-fluent aphasia and the role of the arcuate fasciculus and other such bundles in disconnection syndromes. The chapter on the autonomic nervous system is the least satisfactory in the book, a deficiency reflected in his retention of a formal bibliography. Recent events may encourage him to include a note on brain death in the fifth edition. Meanwhile the fourth rank high in students' reading round the globe.

CHARLES WELLS

The Diagnosis of Stupor and Coma, 3rd ed By Fred Plum and Jerome B. Posner (pp 373; \$22.00, £12.76) Philadelphia: F A Davis Co, 1980.

When the first edition of Plum and Posner's monograph on *The Diagnosis of Stupor and Coma* was published in 1966, obviously it was destined to become a classic. That edition contained nearly 200 pages; the present volume has double that material. The clarity of the original exposition on the pathophysiology and clinical features of different causes of coma remains a model of medical writing. Many a casualty officer and embryo neurologist or neurosurgeon will have had occasion to thank these authors for their guidance on difficult cases of “undiagnosed coma.” But this book has always been more than a reference source, for it has laid down a logical framework for approaching the comatose patient, a framework built on physiological principles, and careful clinico-pathological correlation. The latter now has been extended even further by the easy access to CT scanning facilities available in the United States, and informa-