

concepts of "maturational delay" are most often invoked. Ronnie would have been especially disappointed by the last of these omissions but perhaps it was not discussed because the queries he raised have yet to be answered and because there is little new to report. The book deserves to be widely read as much for the implicit unanswered questions that arise, as for the wealth of factual information it provides.

MICHAEL RUTTER

Low Back Pain—Assessment and Management. By Dan M Spengler. (Pp 160; \$24.00; £16.00.) New York: Grune and Stratton Inc. 1982.

There are too many books on backache which simply re-write standard teaching and it is a pleasure to find an exception. Most books start with anatomy and disease and proceed to medical technology. Spengler starts with the patient and his pain and proceeds to clinical decision making and problem solving, based on the evaluation of the whole patient. The medical technologist looking for the latest "up-to-date" treatment for backache may be disappointed and this is not a book for orthopaedic surgeons preparing for an exam. It is, however, the thoughtful distillation of long experience of dealing with the failures of conventional medical treatment for backache and contains many apparently simple but fundamental concepts of how to treat patients rather than spines. It meets its claim of being clear, short and easily read—£16 and two hours. There are a few minor criticisms—the MMPI is a poor form of routine psychological assessment and some of the radiographs are not clear on reproduction—but the whole book is well-planned, balanced and well produced. I would unreservedly recommend this book to everyone who recognises—and even more strongly to those who fail to recognise—that their treatment of low back pain needs to be improved.

G WADDELL

Typical and Atypical Antidepressants. Clinical Practice. Edited by E Costa, Giorgio Racagni. (Pp 400; \$53.72.) New York, Raven Press: 1982.

Although there is no evidence that any advance has been made to improve the efficacy of antidepressant drugs since they were first introduced in 1960 there is no doubt that the newer drugs represent some

advance in terms of selectivity and frequency of unwanted effects. What has also interested psychopharmacologists is the great variation in pharmacological effects between the new antidepressants. As yet there is no satisfactory correlation between their clinical effects and pharmacological actions but if it can be demonstrated that they are effective antidepressants it shows that the old catecholamine hypothesis of affective disorders is untenable. In this volume there is undeniable evidence that several of the newer drugs are highly effective antidepressants, including bupropion, zimelidine, trazodone and mianserin. It is also clear that several other drugs have interesting pharmacological effects consistent with their use of antidepressants but their clinical efficacy is still not proven fully. These drugs include clovoxamine, sulphiride, viloxazine and amoxapine. The book is a companion text to volume 31 of the series; this is concerned primarily with the mechanisms of action of antidepressants.

Although there is no common theme to the book and a certain amount of overlap between the individual contributions the work described is right up to date and will be important reading for research workers in the antidepressant field. Neuroendocrine aspects of depression are discussed in several chapters and illustrate the importance of this productive field of enquiry.

PETER TYRER

Manter and Gatz's Essentials of Clinical Neuroanatomy and Neurophysiology. Ed 6. By Sid Gilman and Sarah S Winans. (Pp 218; \$16.25.) Philadelphia: FA Davis Company: 1982.

Books of neuroanatomy have an unrivalled reputation for their ability to bore. This unfortunate and occasionally undeserved slur probably derives from those drab 2nd MB texts we all endured which provided a vast quantity of facts, often ill-digested, and always apparently divorced from their functional and clinical contexts. Attempts to marry anatomy with its related subjects certainly lighten this burden.

Earlier editions of *Manter & Gatz* were eminently digestible, but were so sparing of detail as to be of limited value. This sixth edition is written by Sid Gilman (well known to the British neurologists who have had associations with the Denny-Brown school in Boston) and Sarah Winans, an anatomist working in the same school of Medicine in Michigan. It is altogether a more substantial work than its early pre-

decessors. The anatomy is comprehensive and provides satisfying detail for both the neuroanatomy student and the clinician. Although it remains a predominantly anatomical text, it includes adequate descriptions of related physiology, and where relevant, clinical topics are explained in brief vignettes. Some of these are masterpieces of succinct, accurate and illuminating writing.

The clinical applications of anatomy and physiology are explained for example in tests of vestibular function, visual fixation and muscle stretch reflexes. The correlations of syndromes with disturbed anatomy and physiology are shown in spinal cord lesions, and in the brain stem infarcts which spawn so many eponyms. These are all described with commendable clarity and brevity. A highlight of the book is a multitude of superb, simple, line diagrams and figures, each carefully conceived and labelled.

Any subject with such wide ramifications into preclinical and clinical disciplines poses for the author a dilemma of achieving a judicious balance. To keep the text to a manageable length it is inevitable that some sections will receive but cursory mention: neurotransmitters and electrophysiology in this instance. But this is not criticism. The book takes as its expressed aim "providing a short but comprehensive survey of the human nervous system... written chiefly for the beginning student of neuroanatomy and neurophysiology", and in this aim it succeeds admirably. I would strongly recommend this book both to undergraduates and to postgraduates training in clinical neurology and neurosurgery.

JMS PEARCE