more patients are scanned by MRI and even smaller lesions are visualised. The section on vascular dementia is conducted without a definition of dementia which rather undermines the discussion on infarct location and neuropsychological deficit. For instance, if memory impairment is taken as a *sine qua non* of dementia, then most patients will have bilateral damage. Nor are problems of clinical definition resolved in the section on chronic cerebrovascular disorders where, if I understand it correctly, the Hachinski scale is applied to patients who are not demented. This seems extraordinary and the results serve to illustrate the danger of applying rating scales to clinical problems for which they were never intended.

The second and more compact section of the book includes proceedings from the Winston-Salem conference on "the Clinical Value of Diagnostic Testing for the Evaluation of Patients with Stroke", which took place in May 1985. Little is new and much is contentious. We are told that the diagnosis of TIA cannot be made solely on clinical grounds and that every patient needs a CT scan, ultra sound vascular examination, angiography and a cardiological and haematological work-up: investigations which are considered mandatory in deciding appropriate management. This confident stand is maintained despite the absence of any discussion on the relative merits of various types of intervention. There follows a chapter of the management of acute brain infarction which is equally didactic (we are told to give heparin—unless contraindicated—to all patients with early brain infarction) and poorly referenced. The indications for EC/IC bypass surgery are clearly identified but, regrettably, wrong. The chapter on the management of cerebral haemorrhage is dictatorial, rather than didactic, and at times sounds like a recipe for turning mortality into severe morbidity.

The book ends with recommendations for the clinical management of cerebrovascular disease and here we return to the central crisis of research in stroke. We are pretty certain the treatment of hypertension has been of paramount importance in the observed decline in the incidence of stroke. It is also clear that aspirin seems to reduce the incidence of subsequent stroke in men presenting with TIAs. We do not know if carotid endarterectomy is a useful operation and until we do, further investment in carotid imigary remains of debatable value.

Finally, EC/IC bypass surgery does not prevent subsequent infarction in patients with symptomatic, severe, inaccessible carotid disease. The new technology may lead

to breakthroughs in our understanding of stroke and may even suggest alternative therapies. But those therapies need to be evaluated within the setting of prospective controlled clinical trials. There is little insistence in this book about the need for clinical trials and as a consequence much dogma masquerades as fact. This is unfortunate in a book published under the auspices of the World Federation of Neurology.

JOHN WADE

The Facial Nerve. Edited by Mark May. (Pp 819; DM 248.00). Stuttgart: Georg Thieme Verlag, 1986.

It is through our faces that we communicate many of our thoughts and feelings and any disturbance of the facial nerve can cause disabilities out of all proportion to simple lack of movement in the small muscle mass. The word "personality" is derived from the Greek word *persona* — the mask worn by actors in ancient drama, and it can be argued that the facial nerve is the most important motor nerve in the body. This book deals mainly with the surgical management of facial nerve disorders and draws on the experience of Dr May, the main author, in managing over 1,500 patients with facial palsy over the course of 20 years. Forty-one other authors, mainly from the United States, provide chapters individually or in association with Dr May. The book is divided into sections. The first 180 pages on applied basic science deal with embryology, anatomy and physiology, including the neurobiology of nerve and muscle degeneration and regeneration. The next section covers assessment of facial nerve function by clinical, neurophysiological and radiological methods. The main part of the book comprises sections totalling over 350 pages dealing with the management of facial palsy, the management of abnormal facial movements, surgery on and around the facial nerve and lastly procedures to correct effects of facial palsies. Different surgical approaches to the same problems are considered and it is in these central sections that the book excels. Finally there is a section dealing with the emotional effects of facial palsy, and the medico-legal aspects. The book is lavishly illustrated in all sections and has a remarkable uniformity of style and presentation probably due to Dr May having contributed to 24 of the 41 chapters. This reviewer's adverse comments are that although there is a chapter on the neurological causes of

facial palsy this is very brief, and that disorders of facial movement not responsive to surgical treatment are poorly covered. The neurosurgical chapter on surgery of the facial nerve is also a bit light. The book appears to be directed more towards otologists than neurosurgeons but can be strongly recommended for all those involved in investigation and treatment of facial nerve palsies. The hard back volume is very well presented and can be strongly recommended as a handsome addition to any medical library.

RD ILLINGWORTH

Neuro-psychological Rehabilitation. Edited by Manfred J Meier, Arthur L Benton, Leonard Diller. (Pp 475; £45.00.) Edinburgh: Churchill Livingstone, 1986.

This multiauthor book is edited by three of the most influential workers in clinical neuropsychology, and in the words of the editor it was designed to "...help clarify the current state of knowledge and application...and encourage researchers and clinicians to focus their energies towards pursuing a major new direction for both neuropsychology and rehabilitation...". It has achieved its goals in part. The 26 chapters are organised into three main parts. The first deals with assessment and methodological issues; the second with representative research and application; and the third with a description of neuropsychological rehabilitation programmes in the United States, Europe, Scandinavia, and Japan. The first part is rather mixed. Some of the individual chapters are very good indeed (for example, that by Meier on *Individual Differences*..., as are Lezak's chapter on *Assessment for Rehabilitation Planning*, and Diller's on *Neuropsychological Rehabilitation*). Nevertheless, as a group they do not appear to gell, and read as an interesting collection of individual papers, rather than contributions towards a coherent theme. The second part is by and large much more impressive, with authors dealing with the identification, understanding, and remediation of fundamental cognitive and related behavioural deficits. It is very difficult to single out any individual chapter for praise in this section, as they are all of high quality. The last part is very difficult for any one person to review, containing as it does an account of rehabilitation in various parts of the world. This reviewer has detailed knowledge of the reha-

bilitation scene in Denmark and in the United Kingdom, and his views are at odds with those reported in the book. Christensen and Danielson review the scene in Denmark, but restrict their attention largely to a recent Luria-driven approach, and only pay brief lipservice to the important work of Thomsen and others in Hornbaeck Hospital, a hospital supplying rehabilitation services for the past 25 years. The British scene is described by Wilson, and is disturbingly selective. Nowhere is there any mention of the important work on neurorehabilitation carried out under the aegis of the Armed Forces, and the important work of Eames and his colleagues in behavioural approaches appears to go without mention.

In conclusion, this book is good in parts. The second part is by far the most valuable, but overall it is difficult to see what unique contribution the book makes to the growing literature on neuropsychology and rehabilitation.

NEIL BROOKS

The Bramwells of Edinburgh. By Bryan Ashworth. (Pp 96; £13.00.) Edinburgh: The Royal College of Physicians, 1986.

The coat of arms of the Bramwell family includes the motto "Like Begets Like" and Bryan Ashworth worthily records the truth of that sentiment in this account of the Bramwell dynasty of doctors. Their forebear was the Reverend William Bramwell (1759–1818) a fanatical evangelist whose influence on General Booth is evidenced in his naming his son after him. Dr William Bramwell (1792–1854) in turn sent two sons into medicine. Dr John Byrom (1823–1882) had thirteen children among whom Byrom Bramwell (1847–1931) was educated at Cheltenham College and Edinburgh Medical School. He became House Surgeon to James Spence but refused a post with Laycock to return to rescue his father's general practice in North Shields. He moved via Newcastle in 1874 to the new Royal Infirmary in Edinburgh in 1879. He confined his work entirely to consulting practice. Kinnier Wilson, his one time House Physician dedicated his book to him. He was the leading physician in Scotland though he was not elected to a chair. He was author of many books and papers particularly in neurology and was President of the Royal College of Physicians of Edinburgh (1910–1912) and in 1924 accepted a knighthood. Two of

his sons qualified in medicine. Edwin Bramwell (1873–1952) was appointed to the Moncrieff-Arnott Chair of Clinical Medicine and John Crichton Bramwell (1889–1976) became Professor of Cardiology in Manchester and Physician to the Manchester Royal Infirmary. Edwin's disappointing career at Cheltenham led at least one master to despair of him. He resolved nevertheless to take up medicine. (How sad that cognitive rather than genetic traits are now the basis of selection). After a modest undergraduate career, he embarked upon a European tour of self-education which launched him on the stunning orbit which culminated in the Presidency of the Royal College of Physicians of Edinburgh in 1933. John Crichton went from Cheltenham to Trinity, Cambridge where he took a first before reading Medicine in Manchester where, apart from his Rockefeller Scholarship, he remained.

Bryan Ashworth illuminates his text with interesting sidelights on eminent personalities as they interact with the Bramwell saga and with some fascinating appendices. This is a good read for anyone wanting to see the evolution from Victorian to modern medical training and practice. Medical students might read it with profit.

DC TAYLOR

The Chromosomes and Their Disorders 4th ed. (*An Introduction for Clinicians.*) By GH Valentine. (Pp 223; £17.95.) London: William Heinemann, 1986.

This book is written by the type of clinician I would recommend to all parents who have had the misfortune of having a child with a chromosomal abnormality. In the absence of the clinician (he lives in Canada) I would recommend that we read his book. Parents would then get an explanation about a complex chromosomal re-arrangement in a way that they would understand and they would feel at the end of the consultation that, at least in part, "nature's imperfect design" might not altogether alienate them from the rest of society. The book is totally unfussy about science and the facts are accurate although unreferenced. Indeed the author makes no bones about saying that references would be out of place in this sort of book.

It is a book I would recommend to clinicians in a hurry to understand cytogenetics and to medical students if they had time to read books, to intelligent parents seeking an

understandable text (and there are a number of simple explanations worthy of being tucked away in the mind to be used at the next out-patients).

The author admits that he finds dysmorphology difficult and when he strays into that subject there are errors like Noonan syndrome being sometimes autosomal recessive and that there is no prenatal diagnosis for Meckel syndrome, but this is not the sort of book I would consult for those facts. I would highly recommend this fourth edition and wish Dr Valentine to write a fifth edition—even in retirement.

MICHAEL BARAITSER

Correction

Barnes *et al* Magnetic resonance imaging of experimental cerebral oedema (*J Neurol Neurosurg Psychiatry* 1986;49:1341–7.) In figure 6 the ordinate should have been labelled $\Delta \% T_1$.