both sides of the Atlantic this is an onerous
task.

Some recent books have abandoned
the traditional systematic approach and attemp-
ted a symptom based classification, for ex-
ample, taking dizziness, pain in the leg, spatial
paraparesis or blackouts as the starting point, then
considering at length the various major dis-
ease falling under these headings. The result-
ting texts are often incoherent. This book first
considers general symptoms and signs in
relationship to anatomy, including the use
and abuse of modern investigations. The
second section deals with the common symp-
toms covered describing the various
systematically specific pathological process-
es, their presentation and management. The
penultimate chapter concerns the neurology of
systemic disease, the last surveys func-
tional and psychiatric disorders.

The authors were successively first assis-
tants in Newcastle, so that a robust practical
but scientific trend is not surprising, and is
indeed just what is needed by the trainees. In
just under 500 pages of two column print, the
text covers the panoply of neurological
medicine very well indeed. The writing is
generally crisp and reflects clinical grasp and
facility of a high order. It is a pity that we are
left to read the authorship of each chapter,
though the distinctive marks of Bates on MS,
Carligonde on coma and Chadwick on epilepsy
are not difficult to discern. The exposition and
arrangement are described and up to date
throughout the text. The figures are of out-
standing clarity, and numerous tables, lists
and classifications will greatly ease the
acquisition of facts by the student.

The first chapter treats which I would
warmly recommend not only to the post-
graduates and generalists for whom it is
intended, but also to the brighter under-
graduate in his final year who seeks a slightly
fuller but explicit account of nervous diseases
than will be found in the standard student
books. Criticisms are few and of a minor
order. There are a number of typographical
errors; the section on pain and headache is
disappointingly brief: migraine and HIV
infections are each apportioned only 3 pages,
but syringomyelia receives the same
coverage. The full section on psychiatry is
apt and helpful, and perhaps too brief: utopic
justice to the clinician's dilemma which
necessitates the separation of the organic
from the non-organic and, the philosophical
futility of trying to do so.

There are many contemporary rival texts,
but the practical clinical approach, the fresh-
ness of a text written by those at the peaks of
their careers and the wealth of informative
tabulated and illustrated material deserve to
make this a part of the list for young physicians
and neurologists. I hope it runs to many
editions.

JMS PEARCE

Current Neurology Vol. 9. Edited by S H
APPEL. (Pp 287; Price: £56.50). Chicago: Year
Book Medical Publishers. UK Distributor

The almost exponential increase in the world
neurological literature makes it essential for
the practising neurologist to rely on surveys
to keep abreast of the latest advances in the
biological processes underlying neurological
disease. There are now several such volumes
but for a decade Current

Neurology, edited by Stanley Appel has kept
up a high standard. In all the essays in this
volume the scientific advances are set in
a useful context of either interpreting physical
signs, explaining clinical features or provid-
ing the basis for future treatment. The chapter
on epilepsy reviews the classification of
epileptic syndromes before giving a clinical
review with particular attention to myoclonic
seizures, but one has a slightly deja vu feeling
that perhaps the time for continuing reclas-
sification of epilepsy may now be coming to an
end.

In the chapter on cerebrovascular disease
the factors which are likely to influence the
morbidity are analysed with the question of
whether heparin therapy has a protective
effect against thrombotic occlusion which is
based on the incidence of occlusion when
therapy was abruptly discontinued. There is a
discussion of some uncommon sources of
cardiac embolism including the so-called
"paradoxical" embolism with a patent
foramen ovale and a discussion of the possible
consequences of the effective embolus in
up to fifty percent of otherwise normal
women. Also examined is the place of
nimodipine, a potent calcium antagonist which is
not thought to be effective in cerebral
ischaemia. The hope of inducing a correct size and also of trials of
agents that block N Methyl-D-Aspartate
antagonists which can potentially inhibit the
entry of calcium in the cells and so reduce
the likelihood or extent of infarction. Nimodipine is also under therapeutic trial in
relation to the reduction of spasm in sub-
arachnoid haemorrhage.

In the chapter on multiple sclerosis, atten-
tion is drawn to recent studies and also to
the recent evidence that suppressor T-lym-
phocytes which decline just before or at the
time of a clinical attack. This aspect of the
complicated immunological defect points to
some abnormality of the HLA immune
response genes which has led to the suggestion of a
"MS susceptibility gene" in the HLA-D
region. The lack of any proof of benefits from
immuno-suppressive therapy for MS or such
new treatments as interferon and plasma-
pheresis is also fully discussed. The chapter
on Alzheimer's disease gives a full discussion
of the problems of linking the amyloid
deposition with the different variants with the
similar changes which occur in Down's disease
(triomy 21). The gene defect causing familial
Alzheimer's disease has also been located to
the chromosome 21 but the formal analysis
shows that the amyloid gene is a considerable
distance away from the gene defect causing
familial Alzheimer's disease. The antibodies
raised against proponents of the neurofibillary
tangle including those to the
microtubular associated protein tau and to
ubiquitin have not yet resolved the cause of
Alzheimer's disease.

Other chapters include excellent reviews of
transmitters, paraneoplastic syndromes. Per-
haps a few more illustrations would help the
reader but taken overall this is a volume
which all busy practising neurologists will
wish to read to keep themselves up to date.

SIR ROGER BANNISTER

Basic Surgical Techniques. 3rd Edition.
By R M Kirk. (Pp 287; Price: £9.95) Chur-
chill Livingstone 1989.

The Third Edition of Basic Surgical Tech-
niques by R M Kirk is something of a surgical
gem. The author makes the valid point that
the acquisition of basic surgical techniques
are a prerequisite for all surgeons, irrespec-
tive of their eventual speciality, and then
proceeds on to clear and straightforward writing which highlights these basic techniques. From the
first chapter "Handling Yourself" to the
final one "Handling Infection", the book is
full of good sound surgical philosophy not
only for the fledgling surgeon but also for the
established one.

Each chapter is laid out in a clear, concise
fashion the author describing in great detail a
variety of techniques required in any surgical
treatment psychologically and biologically. Fortunately the line diagrams are
good and compliment the text well.

In the Preface the author states the "philosophy I wish to convey throughout this
book makes it unsuitable for multi-author-
ship" and having read the book I heartily concur with this statement. I am sure
that with multiple authors much of the personal
touch incorporated in the writing would have
been lost and this particular factor is a
necessary part of the technique of surgery. I
would strongly recommend this extremely
readable book on Basic Surgical Techniques
to any aspiring surgeon.

G NEIL-DWYER

Psychobiology is a fashionable word these
days, used to describe almost any study
relating psychological to biological processes.
The author describes it as covering "every-
thing from the evolution of mating systems in
the toad to the functions of subregions of the
human cerebral cortex", but in this book it
is actually even wider as the author also includes
descriptions of the nervous system at the
neuronal and microscopic level. Blithely
admitting that any short account of such a
subject should not be selected to concentrate on what interests him most,
namely the physiology and neurology of the
brain.

The book is thus a mixture of what else-
where is called physiological psychology or
neuropsychology, with occasional forays into
theoretical biology such as computational
vision. There are chapters on the brain sys-
tems involved in behavioural regulations
(motivation, emotion, plasticity) and others
on the cerebral basis of cognition (perception,
memory, consciousness). The discussion of
these topics is both discursive and very selec-
tive. The account of visual processes, for
example, includes descriptions of neuronal
visual field processes, the multiple pathways of the different visual systems and com-
putational models of vision. But it contains
almost the entire chapter on perception, with
the other senses barely mentioned, on the
ratter cavalier (and dubious) argument that
"we haven't the sort of clear ideas about how
that work that we have about the visual
system."

There is no mention of biochemical sys-
tems (in the discussion of memory for exam-
ple), nor of motor systems and the cerebral
basis of action, and little reference to speech
and language. The chapter on motivation
concentrates almost exclusively on hunger
and thirst, although the author admits that it
is by no means clear that the mechanisms he
describes the paradigm for other kinds of motivation. Despite its use of psychobiology in the title, therefore, the selection of topics is mostly within the traditional sphere of physiological psychology.

The book is not, as claimed, an introductory textbook, as it is neither a comprehensive survey of psychobiology nor a book for beginners in the area. The discussion assumes a certain amount of knowledge about the brain, as for example in listing the brainstem relay nuclei of the various visual pathways, and some familiarity with psychological techniques such as Gazzaniga's visual field studies in split brain patients (both referred to without illustration or explanation). In dealing with his chosen topics, however, Legg is admirably clear and informative, managing to integrate a lot of material from different sources into his discussion and providing a good summary of some of the current issues in a lively and readable style. While not a book for the beginner, it would be well worth reading by any serious student who wants a current survey of the topics discussed, and by interested non-specialists in psychology and physiology who want to update their knowledge of particular areas of cerebral function selected.

K A FLOWERS


At first sight this volume promises to be the all-too-common product of a few super-specialists trying in vain to convince the world that their particular area of interest is disproportionately important and relevant, and inadequately studied and, presumably, funding. The Editors address their main interest to napping, which is what the book is really concerned with, as "sleep's orphan". And they try to convince the reader that napping, and the phenomenon of afternoon sleepiness in particular, is of universal interest and importance, not only to the study of sleep, (and they point out how many studies of sleep have neglected napping altogether) but also to the health and functioning of animals and man in 20th century society.

In my view they succeed admirably. This is a book which should appeal to a wide audience including Neurologists, Psychiatrists and Physiologists. The style and pitch of the 12 main chapters varies considerably. There are highly technical discussions of chronobiology and sleep patterns in time-free environments but there are also detailed but unassuming explanations of experiments designed to determine the most effective ways to maintain performance and vigilance in sleep-deprived soldiers. I particularly enjoyed descriptions of nap patterns in animals. Did you know that the giraffe may only sleep for a total of 2 in every 24 hours; made up of 3 to 8 episodes lasting 3 to 40 minutes each? Also of interest was the description of studies of the development of the human pattern of sleep from a polyphasic regime in the infant, through a spread of the sleep in the young child and the adult monophasic stay-awake all-day pattern to the ultimate and very common occurrence of afternoon naps in the elderly.

And why not? Time and again, authors make the point that it may be healthier and more efficient to have a secondary sleep in the afternoon period of sleepiness that we mostly have. Most societies have come to disapprove of this and workers are disciplined if they are "caught napping" but studies of sleepiness show that even without a big lunch, performance deteriorates during the afternoon when apparently more accidents occur. Napping, which may be acceptable in siesta cultures, could perhaps lead to better and safer performance into the evening.

Fascinating too are the studies of those for whom any period of sleep is linked to a risk of, at least failure, or worse, danger. Solo ocean yacht racing has been used as an experiment in which those who took short, brief naps were found to do better than those who either missed sleep altogether or who tried to manage with longer, less frequent sleep periods.

Other experiments describe psychological test performance in sleep-deprived military personnel and emphasise the recuperative value of brief naps. This, naturally, brings to mind the complaints of sleep-deprived junior Doctors, or indeed, senior Doctors with young children! While such studies should be made known to those planning duty rota, it is well to point out that there is a phenomenon called "sleep inertia" which describes the period of reduced performance on first awakening from sleep which can last from 5 to 15 minutes—precisely the period during which a doctor summoned from sleep to an emergency is likely to be making decisions!

With a few exceptions therefore, this is a surprisingly good read, and while not directly relevant to clinical practice—though references are made to narcolepsy and sleep apnoea—there is much to interest and inform the reader; and the contributors make a convincing case for further studies of day time wakefulness and for sleep scientists to remember that a lot of sleeping goes on not in bed but in arm chairs, railway carriages and lecture theatres.

MICHAEL JOHNSON


This slim but comprehensive volume consists of black and white photographs of gross specimens of brain and spinal cord illustrating upwards of 150 disorders of the central nervous system. Photomicrographs are included only where necessary for diagnosis. The illustrations are printed on the right hand page and the text on the left, a useful format for readers wishing to test their diagnostic ability.

The authors, a well known neuropathologist and a neurologist on the staff of the West Virginia University School of Medicine, were concerned by the recent decline in minicomic in some centres, in the number of necropsies performed in North America. They therefore decided to provide an atlas emphasising gross morphologicity for pathologists with meagre practical experience of neurological and neurosurgical necropsies.

The atlas presents CNS diseases not in isolation but in the form of short illustrated case reports comprising macroscopic specimens, histology, clinical details, pathology, a commentary and key references. The black and white photographs used throughout are perfectly adequate for fixed material, but specimens showing blood, haematomas and dense cerebral shadows can be confused on occasion with the black background routinely employed. The histological sections are pin sharp; they are intentionally underemphasised by omitting magnifications and only special stains are named. The range of cases demonstrated is as broad as could be desired, from malformations and perinatal disorders to neoplasms. The gross appearance of tumours are described less often than those of other disorders, but are nevertheless useful for the reader who wishes to list differential diagnoses at a gross level.

The authors have succeeded well in their aim, and have produced an atlas which will undoubtedly benefit their intended readership. The postmortem rate is falling on this side of the Atlantic, too, but judging by the continuing popularity of clinico-pathological conferences has not much affected the neurological sciences so far. The number of pathologists starved of postmortem work is probably small, but trainees could well find the atlas helpful when used in conjunction with a major textbook. More senior physicians in all the neurological sciences browsing through the volume will be attracted by the inclusion of a number of recondite conditions, rarely illustrated elsewhere.

DGF HARRIMAN

The Royal College of Surgeons of Edin-burgh Specialty Fellowship Examination in Surgical Neurology. A diet of the Specialty Fellowship Examination in Surgical Neurology will be held on 20 March 1989.

Candidates who hold a Diploma of Fellowship of a Surgical College or an equivalent Diploma are required to have three years post Fellowship experience in Surgical Neurology of which one year must have been completed in an approved centre in the United Kingdom. Candidates must submit written evidence of the experience in the specialty including their operative experience.

The application form, examination calendar and Regulations are available on request from the Examinations Secretary, The Royal College of Surgeons of Edinburgh, Nicolson Street, Edinburgh EH8 9TH. Applications for entry must be received by 2 February 1990. Fee: £250.00.

NOTICE