
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, fundable. But a year students who want a current survey of the topics discussed, and by interested non-specialists in physiology and psychology who want to update their knowledge of particular areas of cerebral function selected. KA FLOWERS

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 whom any period of sleepiness involves 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 rotas, 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 when 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 abilities.

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 dramatic in some centres, in the number of necropsies performed in North America. They therefore decided to provide an atlas emphasising gross morphological anatomy 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, pathophysiology, 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 depicted 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. This book is of great value to those who wish to understand the shape and composition of the brain, in particular to neurologists, neurosurgeons and neuroscientists, the book is a valuable supplement to that usually available. The book is also a useful reference for those who wish to learn more about the surgical anatomy of the brain, and is a useful guide for students and practitioners.

G R DONALDSON

The Royal College of Surgeons of Edinburgh 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, examinations 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.