into English, but certainly careful proof reading with this in mind would improve the second edition.

Altogether this is an enjoyable book which would be a valuable addition to the library of any neurosurgical unit. It may be read with interest by all aneurysm surgeons and the young will find it of particular value in highlighting points of risk and difficulty which the authors have been careful to document.

LINDSAY SYMON

Colour Atlas of Micro-Oto-Neurosurgical Procedures. By VITTORIO COLLETTI AND JAMES E. BENECKE JR. (Pp 112; Price: DM160.00). Heidelberg: Springer-Verlag.

It is nearly 20 years since I first visited Dr. William House in Los Angeles to see his technique of temporal bone surgery. I was amazed by the way in which with drill in one hand and sucker in the other, the mastoid was opened, the bony labyrinth removed and the internal auditory meatus displayed, and all this within one hour. In the introduction to this book, Dr. House tells us how this was learnt in the morgue of the Los Angeles County Museum at nights and weekends with his wife, a Registered Nurse, acting as assistant. He describes how his surgical techniques were developed in this way in response to the changing demands of his clinical practice. A classical learning of surgical craft on the cadaver before the living patient was approached.

After the extensive introduction, the book is somewhat of a disappointment. Multiple procedures are described and illustrated, but all are performed on fixed cadavers, which do not have the true appearance of living tissue. In the neck dissections the fixed tissues all look much the same and the absence of much in the way of markers makes identification of the structures almost impossible. The book is probably most useful as a guide in temporal bone dissection, but its value in this would be greatly increased if the text and the pictures had been placed together. As it is the paragraphs of text with alphabetical identification sometimes cannot be related to the numerically identified illustrations. Putting text and pictures together, providing orientation, and marking the important structures would greatly improve this book as a guide to dissection. There are descriptions of operations for acoustic neuroma, microvascular decompression and glomus tumour but no operative illustrations of these procedures. Despite these failings, the book is useful in indicating the range of approaches now available and should encourage more interdisciplinary collaboration between Otolologists and Neurosurgeons in this interesting and developing area.

RD ILLINGWORTH

Neurobiology of Panic Disorder Frontiers of Clinical Neuroscience Series. Vol. 8. By J C BALLENGER. (Pp 391; Price: \$96.00). 1990. ISBN 0-471-56210-6.

Panic disorder, indeed the very existence of such a condition, has become one of the most contentious topics in psychiatry. The concept

has been officially codified in the American diagnostic system, the DSM, and the International Classification of Diseases will follow suit. The separation of a diagnostic category within the broader group of anxiety disorders followed observations that some forms of these disorders responded to treatment with drugs conventionally described as antidepressants. The original observation is generally attributed to DF Klein although priority of publication must go to West and Dally who recorded their observation with iproniazid. It may be argued that the experience of panic attacks is a necessary clinical feature for response of an anxiety disorder to antidepressant drugs. It may also be disputed, and certainly is, that panic attacks have origin in primary neurological disturbance but the weight of evidence is for a neurobiological disturbance probably related to the type of primary depressive disorder which psychiatrists have less difficulty in accepting as a basically somatic disorder.

The dispute has been productive and a large amount of research has been stimulated. The study of the biological basis of panic disorder is leading to a more balanced consideration of the mind-body equation and of physical as well as psychological processes in the genesis of anxiety states and other states conventionally categorised as "neurotic" disorders.

The present book is a good summary of research on panic disorder as a somatic disorder. It is not complete for it is to be followed by a second volume which will present the clinical aspects. It is a worthwhile collection of contributions by a large number of authors; that the authors are mostly from the USA is no surprise for it is in that country that most of the biological research has been conducted.

The editor has succeeded admirably in the task of culling contributions from a large number of centres, covering animal models, genetics, childhood observations, brain mechanisms and challenge strategies, diagnostic differentiation, immunology, sleep abnormalities and brain imaging studies. Much of the material has been especially written although some has been a reprinting of previous published studies. Some authors summarise studies in a useful way whilst others present new findings apparently for the first time. Some of the work is not directly concerned with Panic Disorder but all is relevant to the topic of the neurobiology of anxiety. One of the two British contributions, from Sandler's laboratory, presents the little known work on the endogenous MAOI, Tribulin.

Perhaps the most fascinating area of study is the neuro-anatomical work based on brain imaging techniques and cerebral blood flow studies and this area is particularly well represented with high quality colour illustrative material. Reiman is still the only source of information concerning PET and Panic Disorder but he presented the work up to the latest published study in 1990. The book is a mine of useful information for the researchers. Clinicians may prefer to await the succeeding volume.

RP SNAITH

Management of Posttraumatic Spinal Instability: Neurosurgical Topics Series. Edited by P R COOPER. (Pp 213; Price: Members \$70, Non-members \$80, includes

\$10 for postage and handling outside US and Canada only.) 1990. Chicago: American Assoc. of Neurological Surgeons. ISBN 0-9624246-2-5.

This volume is to be welcomed both on its own account and also as the first in a series of monographs commissioned by the American Association of Neurological Surgeons in the series Neurosurgical Topics. Edited by Paul Cooper MD, Associate Professor of Neurosurgery at New York University Medical Center it contains contributions from a number of distinguished authors both from the fields of Neurosurgery and of Orthopaedics.

Both the conservative and surgical management of spinal trauma are discussed clearly and in great detail: each section contains multiple references to the English literature up to 1988. The technical notes on spinal instrumentation are excellent and very well illustrated. The production of the book and in particular the reproduction of the scans and x-rays was of a very high order.

This volume is reasonably priced and highly recommended: it should find a place in every neurosurgical library. Further monographs in this series are eagerly awaited.

AE BOOTH

The Blood-Brain Barrier, Amino Acids and Peptides. By M B SEGAL AND B V ZLOKOVIC. (Pp 201; Price: UK£39.95; US\$62.00; Dfl. 155.00). 1990. Dordrecht, Kluwer Academic Publishers Group. ISBN 0-746-20122-2.

This timely monograph deals primarily with neuropeptides, their function, distribution, metabolism and transport, and it is in this area that it makes its most important contributions. The discussion of the blood brain barrier and amino acids is adequate but the treatment of peptides is excellent. The discovery of new neuropeptides and new locations and functions for those that are already known has occurred so rapidly that it is almost impossible to get an overview of the field. These important compounds have an enormous variety of functions and operate in both neural and non-neural systems. Many have been discovered in organs other than the brain and then found to be present in the central or peripheral nervous system. Known functions vary from modulation of neurotransmission and regulation of hormonal secretion to immunomodulation, inflammatory effects and effects on intestinal motility. Since the field is in such rapid evolution and the research involves so many different disciplines, it has been very difficult to get an overview.

The treatment of neuropeptides is surprisingly comprehensive for such a compact volume. Extremely well referenced, it contains a wealth of information. Unfortunately, the field of neuropeptides is so varied and in such an early stage of development that it consists of a large number of unrelated and loosely related bits and pieces of information that do not fit into any coherent pattern. As a result, readability suffers somewhat. There is, as yet, no good unifying theory or set of systematic relationships that will allow one to make sense of the field. Indeed, it may be that the field will prove so chaotic that no systematic theory is possible. Nevertheless, this volume brings together most of what is

known about these elusive compounds and, as such, makes a significant contribution to a complex and poorly understood area. This reviewer believes that its most important function will be as a reference on peptides, their distribution and function and despite its small size, it is sufficiently comprehensive for this purpose.

ROBERT M HERNDON

The Effective Clinical Neurologist. By L R CAPLAN. (Pp 315; Price: £23.95.) Oxford: Blackwell Scientific Publications. 1990. ISBN 0-86542-084-X.

Dr Caplan makes no bones about the fact that he is an old fashioned clinical neurologist who uses his clinical skills rather than investigations in order to reach a diagnosis and plan the management of his patients. In the preface of this excellent little book he decries current training programmes in Neurology which he feels are . . . "often so focused on research that the training of medical students and house officers to care for patients effectively and humanely becomes a lesser priority far below research goals". He makes the point that the patient is often lost sight of under a morass of tests, procedures and drugs and he describes the book as being his attempt to redress the balance towards the training of effective clinician-neurologists rather than scientific neurologists, thereby improving Doctor-patient interaction. The book is a very personal view of the value and methods of clinical assessment and is illustrated with numerous case histories.

The introductory chapters deal in general terms with the approach to the patient and there is then an excellent chapter on history taking. Included in this are guidelines on patient rapport, interview styles, methods of seeking primary data, and "course of illness" graphs. The latter illustrate quite nicely Dr Caplan's commonsense approach to clinical methods and is his term for a method of getting a clear picture of the evolution of a patient's symptoms. Always, urges Dr Caplan try and understand what the patient means by what he says, and he quotes the example of the symptom of dizziness in illustrating this; never read anybody else's hospital notes before taking a history yourself; always ask the patient what he or she thinks is wrong with them. These and countless other examples make the book worth buying for this chapter alone.

The next chapter concerns the technique of examination and in general is excellent though is a little unbalanced. It over-emphasises some aspects of examination such as the assessment of mental state which occupies seven pages, and is weak on others, such as the cranial nerves which are covered in only three pages. Although Dr Caplan emphasises the need to assess neuro-ophthalmologic functions in detail these are covered only briefly in one page. What I like about Dr Caplan's comments in this chapter are that he is not afraid to suggest that we abandon some parts of the examination that in practice we rarely perform or that rarely give information. For example I was delighted to see that he never checks the gag reflex routinely and he rarely bothers to test taste.

The next chapter contains the sort of information that is rarely specifically taught to trainee staff and which certainly merits

greater emphasis in training programmes; that is how to record the history and examination and what to include and what not to include. Dr Caplan bemoans the general quality of our medical records and he suggests that one way of improving note keeping would be to imagine at the time that you are writing up a case history, that you are having to give medical evidence about the case in a court of law based upon the records. He urges the use of simple English, quantification wherever possible and the use of simple charts for recording such things as reflexes. Subsequent chapters include the ordering and interpretation of tests, giving explanations to patients, and the selection of treatment. There then follows a chapter containing some case histories and then sections dealing with in-patient care, out-patient care, consultations, the supervision of students and staff and medico-legal aspects. In all these chapters the same commonsense shines through—"always look at the x-rays yourself before reading the report". The differing practice of an American neurologist from his counterpart in this country is shown in these sections, but this does not distract from the overall message.

For most neurologists there are certain books that we treasure and that we secretly wish we had written ourselves. My list includes *Practical Neurology* by Brian Matthews and Edwin Bickerstaff's little gem *Neurological Examination in Clinical Practice*. To this brief list I would now add *The Effective Clinical Neurologist* by Dr Caplan. Overall I thoroughly enjoyed it and would warmly commend it to all trainee neurologists. Indeed I would go so far as to suggest that all Consultant Neurologists should buy their registrars a copy.

NEF CARTLIDGE

Neurologic Emergencies Recognition and Management. 2nd Edition. Edited by M SALCMAN. (Pp 442; Price: \$96.00.) New York, Raven Press. 1990. ISBN 0-88167-577-6.

In his preface Dr Salcman highlights the lack of texts available on neurological emergencies. Although neurological intensive care is one aspect of the emergency situation there are clearly a range of disorders not demanding an intensive care unit which are included under this heading. Furthermore, neurologists in the UK do not provide primary care in such patients as frequently as their colleagues in the US. The text is written for the most part by neurologists and neurosurgeons at the University of Maryland School of Medicine and the distinction between the two approaches is relatively seamless indicating the close collaboration between the two specialties—a situation difficult to emulate when neurologists and trauma specialists do not have close geographical access to neurosurgery.

The chapters are divided into five groups: general considerations of the unconscious patient, cerebral circulation and cardio-respiratory management; stroke and tumour management, trauma including spinal cord injury, acute nerve root compression and peripheral nerve injury; medical emergencies which cover seizures, acute polyneuropathy, respiratory muscle failure, encephalitis and meningitis and toxic/metabolic emergencies;

and two final chapters on paediatric aspects. The presentation of the book is clear and easy to read and the chapters are well referenced but there are occasional alarming fluctuations in style: for instance there is a sudden didactic lapse into the second person for the first part of the chapter on toxic/metabolic emergencies.

In some chapters there is a tendency to emphasise what is possible rather than what is practical or of proven value: thus in a section on barbiturate protection (p 54-5) detailed regimes are mentioned and the rationale described but the section concludes by stating that "randomised clinical trials in large numbers of head-injured patients have not proven that barbiturates are efficacious" and no further comment as to whether this influences what has gone before. We are told that, for raised ICP following paediatric head injury, hyperventilation, hyperosmolar agents, external ventriculostomy ("routine management in our institution"), barbiturates, hypothermia with or without barbiturates and surgical decompression may be done but the section lacks a clear hierarchy of strategies or critical comment about the overall value of the procedures: even a comment that there is or is not evidence of efficacy would help. Minor quibbles might include the statement that "wrist extension is a C8 function" (p 215) and that paralyzed patients (with acute polyneuropathy) should be routinely catheterised (p 273). Many UK neurologists would not, I think, take the view that brain biopsy is "mandatory" for the diagnosis of herpes simplex encephalitis preferring rather to get on with the treatment and let serological tests follow.

Overall, despite a number of disagreements about details of management which is scarcely surprising, I found this a positive and stimulating book. It seems particularly suitable for those with a fair neurological experience behind them who will read it with a critical eye.

CM WILES

From Reading to Neurons. Edited by A M GALABURDA. (Pp 545; Price: £40.50.) 1989. London: MIT Press. Cambridge, Mass. ISBN 0-262-07115-0.

This interesting collection reminds us, if we did not already know, of the divergent and revolutionary state of contemporary neuroscience. Not many books take on the task, as this one does, of trying to bring the top-down and bottom-up "brain minors" together somewhere in the middle. In this volume (based on a conference held in Florence in 1987) are mixed 20 papers on dyslexia, parallel distributive processing, information processing, aphasia in men and women and illiterates, neurophysiological and molecular correlates of behaviour, and diverse others. True, not all the papers address the central question of the book—just how close are the two sets of minors to touching shovels, but the insights gained into cognitive processing through research into dyslexia in recent years makes this a most appropriate place to begin to ask the question.

The editor does an excellent job with commentaries for each chapter helping the reader to focus on relevant issues and relate information between chapters. The possible