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