face verbal descriptions of diseases on the left. An excellent example of clarity and good teaching is provided by Parkinson's Disease: a photograph of the typical posture, the hand-writing, loss of pigmented dopamine cells in the substantia nigra (with a normal control) and a positron emission tomograph showing reduced ^{18}F -dopa uptake in basal ganglia on the right, with cardinal symptoms and signs, and treatment opposite.

The book starts logically with examination of the cranial nerves. However, it is wrong to ask the patient to identify the smell; we are testing the ability to smell, recognition is immaterial. The examination of the 3rd, 4th and 6th cranial nerves leaves something to be desired. For instance, there is no indication how to test for nystagmus correctly (only at the end of the book is there a poor representation of testing for positional vertigo and nystagmus: the picture is not clear and Hallpike and Dix's (Mickey Mouse) diagrams are infinitely better). Also in testing eye movements, the pointer is positioned near the bridge of the nose rather than at the extremes of gaze; testing upward gaze, the pointer is below rather than above eye level.

There are other deficiencies in the rest of the text and diagrams: no illustration of hemi- or paraplegia; no clear statement of upper motor neuron or lower motor neuron symptoms or signs; absence of the characteristic wedge-shaped infarct of a stroke in brain scans (most of which are excellent). The loss of anterior horn cells in the spinal cord of motor neurone disease is missing but we are shown a muscle biopsy: not the way to make the diagnosis.

Further deficiencies include the absence of histology and demyelination with oedema and cellular infiltration characteristic of a multiple sclerosis plaque; instead, we are shown perivascular cuffing, a secondary phenomenon. Although a spinal MRI scan beautifully demonstrates syringomyelia, there is no mention of the remediable Arnold-Chiari malformation; the opportunity to teach sensory testing based on spinal cord anatomy is missed. In Alzheimer's Disease, the primary loss of neurones is present in the photograph but only neurofibrillary tangles and senile plaques are pointed out. In meningitis the photographs fail to show how to test for neck stiffness, although instead we are shown three microphotographs of different bacteria. The types of visual field loss in acromegaly are not illustrated. In epilepsy, the first photograph is of an EEG which is not the way to make the diagnosis. Cluster headache replaced "migrainous neuralgia" at least five years ago.

There is currently much talk of a core curriculum. Neurologists at teaching hospitals need to be clear what to teach in the 4-6 weeks that students are attached to the Firm to provide a sound basis for further learning, regrettably absent in this volume. I hope a second edition will correct these deficits.

Having been (perhaps too) constructively critical, let me conclude by pointing out many good features in this book: radiographs and fundal photographs are excellent; facial palsy, ptosis, eye movements, pupils, temporal arteritis and postmortem specimens are well produced; the text is clearly written and succinct, and the index is good. But I am in no doubt that time has arrived that neurology can be demystified and taught as a simple discipline as straightforward as heart and lung disease.

JN BLAU

Pain and Headache Vol. 12. The Initial Processing of Pain and Its Descending Control: Spinal and Trigeminal Systems. By A R LIGHT; SERIES EDITOR PH L GILDENBERG. (Pp 306; Price: SFr350, DM419, £152.20, US\$280.00). 1992. Basel, Karger. ISBN 3 8055 5569 5.

Alan Light continues the tradition of Cajal, Szent-Agothai and Alan Brown in following the anatomy of afferent nerve fibres and the cells on which they end. In addition he describes their physiology, a subject to which he has greatly contributed with his chief E R Perl. It is inevitable that one must compare this book with the fatter (575 versus 306 page) second edition of *Sensory Mechanisms of the Spinal Cord*, by W D Willis and R E Coggeshall, Plenum, New York, 1991. Light's book which covers the same general ground contains somewhat more on the trigeminal system and on descending controls.

However the main difference between the two books is that, while Willis and Coggeshall are almost painfully theory free, this book proclaims the tenet "Except in extremely unusual circumstances, the sensation of pain (as opposed to the perception) derives only from the activation of nociceptors". This basic dogma inevitably leads to an emphasis on work designed to reveal a nervous system which is relatively hard wired, line labelled and modality specific. This in turn involves a low profile or frank dismissal being assigned to the growing clinical and experimental literature which reveals remarkable modality plasticity both during development and in adults in pathological situations. Patients would be indeed fortunate if all the allodynia, hyperalgesias and neuropathies were "extremely unusual circumstances". An adequate explanation and treatment for those pains will be the arbiter of the validity of Light's tenet.

It is no fault of the authors but an unfortunate comment on contemporary publishing practices that the book under review is three times as expensive as the roughly comparable but larger book by Willis and Coggeshall.

PD WALL

Treatment of Diabetic Neuropathy: A New Approach. Edited by D F HORROBIN. (Pp 139; Illustrated; Price: £29.50). 1992. Edinburgh, Churchill Livingstone. ISBN 0 443 04774 X.

Diabetic neuropathy is a common condition affecting a high proportion of longstanding diabetic patients, causing problems chiefly from foot ulceration, autonomic symptoms and sometimes pain. Apart from the potential benefits of good diabetic control there is so far no other known method of preventing the development of diabetic neuropathy. This is particularly frustrating in view of the very wide range of agents which seem to be successful in animal models.

This book describes in detail the use of a single agent, namely gamma-linolenic acid (GLA), an essential fatty acid which is known to be deficient in diabetic subjects. Description of the biochemical abnormalities in diabetic nerves is excellent, and the very striking beneficial effects on defective nerve function in experimental diabetes are very clearly presented by known authorities in the field. The results of a major multicentre clinical trial are also presented showing

improvements in a wide range of functional abnormalities. This is indeed encouraging, as is the use of other agents such as aldose reductase inhibitors, but in both instances we are still largely ignorant of the potential of these substances for preventing the development of the structural changes of neuropathy.

It is timely to publish a monograph on diabetic neuropathy, and the first two chapters in this book include a brief clinical description of the various disorders together with a very thoughtful "neurologist's view" from Professor P K Thomas. It is therefore an interesting book but much too narrow in its content to be of general interest.

PJ WATKINS

Understanding Brain Damage: A Primer of Neuropsychological Evaluation/2nd Edition. By KEVIN W WALSH. (Pp 290; Price: £34.95.) 1991. Edinburgh, Churchill Livingstone. ISBN 0-443-04320-5.

This is the second edition of a successful text which complements "Neuropsychology — A Clinical Approach" by the same author. The first chapter discusses methodology and general principles; subsequent chapters deal with selected topics such as alcohol related brain damage, intellectual decline, head injury, and cerebrovascular disorders. Each chapter offers a well-referenced summary of the topic followed by examples of cases illustrating some aspects of the principles described. One minor criticism is that some of the references are to old editions of neurological texts.

The subject matter and case material are well chosen. Descriptions and explanations are clear and practical. They are presented in a personal style which is a pleasure to read and which reflects the mastery of the subject by the author whose experience in the field is immediately evident to the reader. The discussion and illustrations of "pseudo-neurological disorders" dealing with conversion reactions, hysteria and psychogenic amnesia are particularly illuminating and offer helpful comments on the management of these conditions.

While primarily written for the psychologist inexperienced in neuropsychological evaluations, this book contains a good deal of wisdom for clinicians requesting and interpreting psychological assessments. It will be of value in bridging the gap between the neurological clinician and the psychologist involved in the management of neurological patients. As a primer of neuropsychological evaluation it succeeds admirably.

AN GALE

The Neuropsychology of Epilepsy (Critical Issues in Neuropsychology Series). Edited by T L BENNETT. (Pp 316; Price: \$45.00.) 1992. New York, Plenum Publishing Corp. ISBN 0-306-43948-4.

Although a book devoted to the neuropsychology of epilepsy is to be welcomed, something about this book irked me. It began with a historical review, largely regurgitating information from Temkin, with glaring historical inaccuracies. For example, Jacksonian seizures are not to be equated with uncinate seizures, and did not become renamed psychomotor seizures. The reader may start with chapter 2, a standard account of some neurological aspects of epilepsy. However, the meat of the book begins with the next two