

Perhaps one of the most useful chapters concerns the long term outlook after brain damage. This is a problem often considered in the courts where an assessment of life expectation will influence the amount of a particular award. Bell, perhaps somewhat surprisingly concludes, from the figures he was able to find, that life expectation following significant damage is reduced by some three to five years only and early demise can usually be ascribed to the other somatic injuries and their consequences.

A very important chapter for the inexperienced is that on medico-legal assessment. He warns against reports and testimony critical of colleagues, discusses the difficulties of overlap between the specialities and gives good advice on the appraisal of neuropsychiatric problems. He strongly advises the scrutiny of hospital and primary care records, statements from close relatives and ends with guidelines for the preparation of the initial report practice organisation and negotiation of fees.

The author has had considerable experience in epilepsy and psychiatry, spending some time at the National Hospital, Queen Square with the late Dr. Eliot Slater. Now on the staff of the St Vincent's Hospital, Sydney he is a member of the department of Neurology and Neurosurgery and has been in active medico-legal practice since 1971. His experience is evident in his writing. Although written in Australia and published by Charles C. Thomas in America, the book will nevertheless prove very useful to those concerned with medico-legal practice in the United Kingdom and elsewhere. I would advise any young neurologist to read this book thoroughly before entering the fascinating, stimulating and at times, perilous, field of civil litigation.

JB FOSTER

Sciences Basic to Psychiatry. By B PURI AND P TYRER. (Pp 334 Illustrated; Price: £19.95). 1992. Edinburgh, Churchill Livingstone. ISBN 0-443-04478-3.

Sciences Basic to Psychiatry describes itself as a basic reference for trainee psychiatrists, especially those studying for Parts 1 and 2 of the MRCPsych.

It is perhaps inevitable that the membership exam is perceived, by most trainees, as a major obstacle, and that clinical competence is not in itself enough to ensure a pass. Whatever else it may test the examination is a measure of how much information the candidates can carry into the examination hall in their heads. To make this exercise easier authors have responded with numerous revision books most of which are used only for the exam and are tedious to read. Sciences Basic to Psychiatry, however, is an attempt to provide a readable source of information. This is one of two popular books currently available that covers the basic sciences and their relationship to clinical psychiatry, and to the college examination. The other is by Weller and Eysenck. Neither book is in itself adequate in its content and they can easily be read together without too much repetition of information.

In its 334 pages there are 12 chapters covering neuroanatomy, neurophysiology, neurochemistry, neuropharmacokinetics, clinical psychopharmacology, genetics,

neuropathology, statistics, research methodology, epidemiology, psychology and social studies. It contains an appendix of statistical tables, a comprehensive list of up to date references, and each chapter has a short list of suggestions for further reading.

Without doubt my favourite chapter is the one on statistics. The authors must take credit for presenting a subject in a useful and generally understandable way. This chapter could by itself be a good reason to buy the book if one has to come to terms with statistics relatively quickly. A close second are the chapters on the neurosciences and genetics. Finding ones way around the book is easy because of the ordered way the subject is presented, using tables, diagrams and clearly headed paragraphs.

The book does however fail in several areas. After the comprehensive chapter on statistics the authors seem to run out of steam and the remaining four chapters get progressively shorter. The brevity of the Social Studies chapter may send the wrong message to the reader, as may the 18 pages dedicated to psychology, a subject which is strongly represented in the college examination, and which is given 114 pages in the book by Weller and Eysenck.

This is an attractively produced book and in spite of its several limitations is useful for those preparing for Part 2 of the exam, and at £19.95 is worth buying.

MICHAEL MAIER

Brown-Séguard: A Visionary of Science. By MICHAEL J AMINOFF. (Pp 211 Illustrated; Price: \$85.00). 1993. New York, Raven Press. ISBN 0-88167-956-9.

In a scholarly and eminently readable work Michael J Aminoff relates the history of Brown-Séguard, the compulsive traveller and eccentric, whose genius and scientific ingenuity have been sadly neglected. Brown-Séguard should be remembered for his inexorable energies which led him into many dark holes of physiology and into the recesses of neurological mystery.

Born in 1817 in Mauritius, his father was a Philadelphian sea captain, Charles Edward Brown, who travelled to Mauritius and married Henriette Charlotte Perrine Séguard. He experimented on cold blooded vertebrates and mammals, sectioning half of the spinal cord and showing that sensation was lost on the opposite side, but retained or even increased on the same side—the Brown-Séguard syndrome. He also provided an early account of spontaneous cerebellar haemorrhage.

Living in squalid conditions with his experimental animals in a small apartment, he worked long hours, eating badly and drinking vast quantities of coffee. On Broca's recommendation he sailed for America. Always a traveller, he taught midwifery, French, and jurisprudence in Philadelphia, then in New York.

In Mauritius in 1854, treating epidemic cholera, the story is told that he swallowed the vomitus of his patients to test the efficacy of opium, but on one occasion took so large a dose of laudanum that he almost perished.

Aminoff tells of his return to neurology in Paris in 1855. Between animal experiments he studied epilepsy and introduced bromide

(the first effective anti-epileptic drug) as instigated by Locock the English physician in 1857. In 1858 he journeyed to England, giving a series of lectures and was appointed at the National Hospital for the Paralyzed and Epileptic, Queen Square in 1859, where Hughlings Jackson became his pupil. He began to prosper, and his formidable skills were recognised with the awards of the FRCP, FRS in 1860, and the Goulstonian lecture in 1861. Darwin sought his acclaim for his *Origin of the Species*. After further illustrious Chairs abroad, he finally settled in Paris taking Claude Bernard's Chair at the Collège de France.

He extracted guinea pig testicular fluid which he claimed rejuvenated and prolonged life—"Méthode Séguardienne". Exaggerated by the press this was ridiculed; but, along with his demonstration of a humoral factor derived from the suprarenal glands which he had shown to be necessary for survival, he had proved the existence of "internal secretions", the forerunner of endocrinology.

In this exemplary model of medical biography, Aminoff has provided a fine appraisal of this underrated scholar-physician and his work.

JMS PEARCE

Clinical Geriatric Psycho-Pharmacology 2nd Edition By CARL SALZMAN (Pp 363; Price: £42.00). 1992. London, Williams & Wilkins Ltd. ISBN 0-683-07495-4.

This is the second edition of a book first published in 1984, a time when the interest in geriatric psychopharmacology was just beginning. A second edition to reflect changes in clinical practice over the last 8 years is appropriate.

This is a multi-author book by 19 distinguished contributors all of whom work in the USA. The aim has been to produce a book for the practising clinician but also to provide extensive references for those enquiring more deeply. The editors should be congratulated for the evenness of style and the authors for the surprisingly relaxed prose: I enjoyed reading it.

There are three sections. The first is a general introduction including drug side-effects and compliance; the second is a section on ageing and neurotransmitters, pharmacokinetics and pharmacodynamics. The last reviews treatment of behaviour disorders, mania, anxiety, sleep disorders and dementia. There is also a useful appendix on drug interactions. At the end of six of the chapters there are helpful clinical vignettes. An interesting example was the treatment of a frail lady of 104 years with depression (successful and still alive at 105 at the time of press).

Few books written about the elderly seem to be written with much appreciation of specific problems compared to other age groups. This book succeeds because it is written with such insight, is clinically orientated and well referenced and the approach is sensible and balanced. I have only minor criticisms: for example perhaps the approach to the cardiac toxicity of the heterocyclic antidepressants is overemphasized.

Thoroughly recommended to clinicians caring for the elderly.

JGC COX