that his book will “inevitably stand as a per-
manent monument to Lord Brain’s clinical
expertise, to his thoughtful approach to neuro-
logical medicine and to his outstanding literary
style.” Lord Brain’s clinical structure is main-
tained, but the text has been largely rewritten, following the O.U.P.
style. Lord Walton has acceded to the gen-
eral wish of the editorial board to have the author prepare a comprehen-
sive manuscript on neurological disease and he has recruited some younger authors, introducing much new written material and illustrations. He includes a new chapter on the nervous system, which he has
prepared himself for his task by long apprenticeship in the practice of medicine, he wrote because he had something to impart and not simply because there was room on the market for a book on his subject."

“. . . crystallised his own experience. It was not a compilation. A textbook of the first rank can be written on no other foundation, and the authority of much current medical writing suffers by the departure from this sound-
principle.” Lord Walton the editor certainly fulfills this requirement in this case.

The first edition was criticised for attempting to “embody all the most recent and recondite advances in neurology and neuro-
psychology . . . all these subjects is of purely academic interest and lacks practical application.” In this edition the ten subjects are still included but in a much
modified and applied fashion. Lord Walton, in the 1947 new edition, has included a new chapter on the “Psychological manifesta-
tions of organic nervous disease” and repeated this in his post-war edition of 1947. Again, Walton has continued the tradition with a section on Neuro-
psychological Syndromes written by a clinical neurologist and “Psychiatric presen-
tations in neurological practice” are described in subsequent chapters.

This edition will not deserve the criticism that “whilst embodying the new in his book the author has not always omitted the views which this has presupposed. The second edition one, was not free from contradictions on important points” and “doubt was felt as to the book’s purpose. It provides too much and too indis-
criminately for the practitioner, too little and too superfluously for the neurologist.” With this constant problem in producing a text book short of an encyclopaedia, what has the author to achieve? Simply a review of the subject matter; a careful account of the common occurring disorders; a major discussion of the less common, and adequate refer-
tances to take the student to further reading. This Walton has achieved by way of com-
prehensive chapter referencing. The text is broken up, at times into fragments which are too small. This can make reading diffi-
cult. Whilst there are no inaccuracies in large areas of the text, the index is flawed. For example, occlusive disorders; a monograph does not appear on p 249 (subarachnoid haem-
orrhage) but on 349. However, on discover-
y there is a very well reasoned and relevant account of the contemporary and contro-
versial problem. It is pleasant to meet some old acquain-
tances. The gentleman with severe endocrine exophthalmos still looks out at us
after 24 years, but apart from the derma-
tome map from the “Pocket atlas of Anatomy”, unchanged from my fourth edi-
tion, (March, 1951), the illustrations are new and distinctive. Ophthalmic Grave’s disease is so clear it should be retained!

As anticipated, the text is well written, carefully edited and I would judge this to be a very good book. It will be profit-
able to many of the alternatives on this side of the Atlantic. Now with a shared authorship, future editions will be assured.

JB FOSTER


Historical problems in frontal lobe research have included a tendency to expect the whole of the frontal lobes (nearly half the hemispheres) to have a single function, and a parallel tendency to try to delineate one characteristic clinical frontal lobe syndrome. There has been a tendency to be insufficiently circumspect in regard for the immense connectivity of frontal cortex with other cortical areas and with subcortical areas, where lesions can produce features of multiple "frontal" syn-

dromes. It is misleading to define "frontalism" on the basis of one or a few clinical tests such as the Wisconsin Card Sorting test, and a clear distinction must be pre-
erved between the functional and the anatomical level of analysis. This excellent book, which summarizes much recent thinking on the subject, demonstrates that further understanding of the frontal lobes will involve the two refined taxonomy of functions and secondly a neuroanatom-
ical and neurophysiological mapping of specific functions.

Among Diamond’s dicta are (1) use more than one task linked to a given neural substrate (convergent validity); (2) study the role of other neural regions in the same tasks (divergent validity); and study other tasks linked to similar circuits (in other words, seek double dissociations); (3) use the same tasks when comparing popula-
tions rather than ones which are merely similar; (4) think of the subjective aspects of performance (why does the patient fail?); and (5) it appears to be a long way to go before these ideals are attained.

After Benson’s useful historical intro-
cuction to the prefrontal region the first part of this book discusses anatomy, supporting Damasio’s claim, in a stimulating epilogue, that progress in this area will depend in great degree on a better understanding of connectivity.

Subsequent sections cover clinical aspects of cognition; motor function (with a useful and provocative clinical chapter on this topic by Heilman and Watson); behav-
iour; development; and rehabilitation. The arrangement sometimes seems a little arbi-
trary. Although there is a section on integr-
ation of experimental studies with clinical data, a fuller impression of how anatomical and physiological and behavioural studies in primates relate to humans comes from read-
ing the book as a whole. In contrast to most multi-author books, this one retains suffi-
cient consistency of concepts and terminol-
y to be largely intelligible as a continuous text.

Has the recent evolution of the frontal

lobes led to a qualitative rather than merely quantitative departure from simple stimu-
lus-response models of cerebral function? Did our frontal lobes liberate us from auto-
matic behaviour, enabling us not to do certain things? The book takes a modern, cognitive viewpoint but an older behaviourist per-
spective is detectable in places.

Operational concepts of volition and con-
sciousness are closely related and probably inseparable. If they are characteristically
frontal lobe attributes, and if frontal cortex is heavily involved in the sort of "central" or non-hierarchical processes which Fodor
termed isotropic, it is small wonder that the moorland still looks rather bare.

CHRISTOPHER D WARD

Neurological Examination Made Easy.


This is another made easy book for med-
ical students and it makes neurological examination far more complex than it actu-
ally is. It starts with an assumption that neurological examination can be used as ‘screening tool’ or as ‘investigative tool’. I think there is no such thing as a neurological examina-
tion that forms the basis of the practice of medicine rather than a tool’.

The language used is very simple and the illustrations useful. In particular the figures used for demonstrating the sensory loss with use of small sections of spinal cord is a good idea and does convey useful information. The figures for abnormalities of the optic fundus, however, are confusing and I think colour pictures rather than line draw-

ings make a better impact. There is an attempt to fit most of the examination find-

ings in a form of flow chart, and the title for each is ‘simplified approach’. I think it makes it complicated and there are always difficulties when you try to fit patients in flow diagrams.

Power testing and grading can always be controversial. MRC grades were introduced largely to record power in poliomyelitis tri-
als and research. For the clinician a good description as to what the patient can and can not do with a particular muscle is far more relevant. Moreover a medically taught neurological examination should learn to do just that rather than giving a ‘number’ to the weakness. This apart, the book flows very well and certainly can be recommended to students of medicine.

ATUL BINWALE

Clinical Geriatric Neurology.

Edited by LAURIE BARCLAY. (Pp 513; Price: £82.00.) 1993. Waverly Europe Ltd. ISBN 0-8121-1610-0.

Most of the major symptoms in old age have a neurological component—unstead-
iness, falls, intellectual impairment, inconti-

nence. Though physical dependence is com-
monly caused by neurological disease it is not always recognised that much can use-
fully be done by way of preventative measures, early treatment and rehabilita-
tion. The aim of this book is to outline the principles and provide practical guidance for the undergraduate and younger doctor dealing with neurological