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." However, the traditional structure is 
maintained, but the text has been largely rewritten, following the O.U.P. 
style. Lord Walton has added to the gen-
eral content in the fourth edition, which is 
longer prepare a comprehensive manuscript 
on neurological disease and he has recruited 
some younger authors, introducing much 
new written material and illustrations. He 
insisted on the omission of rehabilitation. 
He does not clearly identify the audience 
for whom he has prepared the book. 
"Gowers prepared himself for his task by 
long apprenticeship in the practice of medicine, 
where he has said 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 compendium. 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 these three. 
The first edition was criticised for 
attempting to "embody all the most recent 
and receive advances in neurology and neuro-
psychology," as well as to "catch up," 
there the "nothing has been missed, and the 
result is rather a concise encyclopedia than 
working guide to neurology. Anatomy and 
physiology too, have been treated at unusual 
lengths...much of both these subjects is of 
purely academic interest and lacks practical 
application."
In this the tenth edition the two subjects are 
still included but in a much modified and 
updated fashion. 
In 1951, the fourth edition; the brain 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 presenta-
tions in neurological practice" are addressed in chapters. 
This edition will not deserve the criticism that 
"whilst embodying the new in the book 
the author has not always omitted the views 
which this book has."
Edition one, one 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 
superficially 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 
commonly occurring disorders; a monograph 
of the less common, and adequate refer-
ces 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 inaccuracies in 
large areas of the text, the index is flawed. 
For example, the phrase "encephalitis" appears not on p 249 (subarachnoid haem-
orrhage) but on 349. However, on discover-
y there is a very well reasoned and relevant 
section on the contemporary and contro-
versial problem. It is pleasant to meet some old acquain-
tances. The gentleman with severe 
endocine exophthalhmos 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 there is a distinction to opthamologic 
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 book that will be referred to by many of the alternatives on this side of the 
Atlantic. Now with a shared authorship, 
future editions will be assured. 

JB FOSTER 

Frontal Lobe Function and 

Dysfunction. 

Edited by H S LEVIN, 

H M EISENBERG and A L BENTON. 


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 consider frontal 

packages in a single and superficial 

view of the immense connectivity of 

frontal cortex with other cortical areas and 

with subcortical areas, where lesions can 

produce a wide variety of "frontal" 

syndromes. It is misleading to define "frontal-

"ism" on the basis of one or a few clinical 
tests such as the Wisconsin Card Sorting 
test, and a clear distinction must be 

preserved 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 a refinement of the 

taxonomy of functions and secondly a 

neuroanatomical 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 the same circuits (in 

other words, seek double 

dissociations); (3) use 

the same tasks when comparing popula-
tions rather than ones which are merely 

similar; (4) use a "vehicle" approach 

to performance (why does the patient fail)? 

There is evidently a long way to go before 

these ideals are attained. 

After Benton's useful historical introd-
cuction to the prefrontal region the first part 

of the 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-

ior; development; and rehabilitation. The 

arrangement sometimes seems a little arbi-

trary. Although there is a section on integra-
tion of experimental studies with clinical 
data, a fuller impression of how anatomy 

and physiological and behavioural studies 
in primates relate to humans comes from 

reading the book as a whole. In contrast to 

most multi-author books, this one retains 

an efficient consistency of concepts and terminol-

gy 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 to do more 
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-modular processes which Fodor 

termed isotropic, it is small wonder that 

the moorland still looks rather bare. 

CHRISTOPHER D WARD 

Neurological Examination Made Easy. 

By GERARD FULLER. (Pp 220 Illustrated; 


Churchill Livingstone. ISBN 0-443- 

04294-2. 

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 colour pictures rather than line draw-

ings make a better impact. There is an 

tempt 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 

comprehensive. MRC grades were 

largely to record power in polymyelitis 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. Medical students 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 BINTWALE 

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-

ence. Though physical dependence is 

commonly caused by neurological disease it is 

not always recognised that much can 

usefully be done by way of preventative 

measures, early treatment and rehabilita-

tion. The book aims to outline the principles and provide practical 

guidance for the undergraduate and 

younger doctor dealing with neurological