problems in elderly patients.

The scope is wide, including sleep disorders, thermoregulation, pain, depression, visual and hearing difficulties, the problems of family supporters and living wills. Those common but poorly understood neurologi-
cal problems such as cramp, neck pain and incontinence are dealt with honestly. The chapter on how to interview patients is excellent, though the central importance of the telephone in history taking is overlook-
ed. I would have liked more detail on the physical examination, especially on how to observe an older person standing, walk-
ing, turning and sitting—assessments often missing from medical case notes. The emphasis on foot problems and footwear is a welcome inclusion.

The book is liberally illustrated with MRI pictures. There are copious up-to-date references, from Europe as well as North America. The writing style is lucid and the many contributors give down-to-earth advice based on published data. In many cases, we have no facts to help direct our treatment; where there is ignorance or con-
troversy, sensible guidelines are offered.

There are important gaps: agnosia and apraxia are overlooked and visual hallucina-
tions are poorly covered. The elderly driver gets only a few lines. There is relatively little on rehabilitation. I was surprised to find benzodiazepines being recommended as sedatives for old people.

But this book looks and feels good, reads well and gives an informed positive account of geriatric neurology. I will refer to it often and will urge my junior colleagues to do the same.

Graham Mulley


This book aims to introduce someone with no background knowledge or prior exposure to the field to the basics of neuroscience and the biological aspects of psychology.

It is set out in a logical way. After an introductory chapter giving an overview of the nervous system there are chapters on the neuron, membranes and potentials, synaptic transmission and neurotransmitters and hormones. These are followed by con-
sideration at a higher level: chapters on the hypothalamus and biological imperatives, then sensory and motor systems. Chapters follow on development and plasticity of the brain, chapters on learning and memory and finally language and consciousness. This is accompanied by an excellent glossary and an appendix reassuringly entitled 'A tiny bit of chemistry, physics, and phar-
macology'. Each chapter is followed by a clear concise summary and a series of sug-
gested readings and references.

Dr Thompson's style is easy to read. He covers difficult ideas in a straightforward way and manages to avoid frequent abbrevi-
ations which often muddy technical writing. In introducing a subject he sets the histori-

cal context by describing how discoveries were made, particularly, it seems, those that led to Nobel prizes. Classical experiments, such as Hodgkin and Huxley's work with squid axon and Pavlov's work with condi-
tioning, are described. The descriptions of the current state of knowledge that follows are also punctuated with references to inter-
esting experiments. The reader is left in no doubt that this is an advancing science.

There are frequent illustrations (well over 100) that complement the text, and a few excellent cartoons. This excellent book should be on the reading list of every pre-
clinical neuroscience course.

GN FULLER

Neurosurgery for the Third Millennium (Series: Neurosurgical Topics/11). Edited by Michael LJ APuzzo, AANS Publications Committee. (Pp 209 Illustrated; Price $80 for AANS members, $90 for non-members, $70 for AANS resi-


The 3rd edition of this useful source of information and references. It includes valuable standardised items compared to tests from formal neuropsychological tests, and age-related data. There is a selective discussion of the methods and appraisal of cortical function.


New Functional Aspects of the Supra-
chiasmatic Nucleus of the Hypothal-


A useful practical review of current treat-
ment.


The Neuropsychology of Attention (Series: Critical Issues in Neuro-


Anderson, Milne. The motor disorder of multiple system atrophy. J Neurol Neurosurg Psychiatry 1993;56:1339-42 (editorial). The dosage of dexamethasone should be 0.15 mg/kg body weight every six hours for four days.

A note on heterochromia iridis. J Neurol Neurosurg Psychiatry 1993;57:231. This short article should have been attributed to Dr Patrick J Morrison, Northern Ireland Genetics Service, Belfast City Hospital, Belfast BT9 7AB, UK.