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 neurological 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 overlooked. I would have liked more detail on the physical examination, especially on how to observe an older person standing, walking, 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 controversy, sensible guidelines are offered.
There are important gaps: agnosia and apraxia are overlooked and visual hallucinations 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.

SHORT NOTICES

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


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


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


CORRECTIONS

Anderson, Milne. The motor disorder of multiple system atrophy. J Neurol Neurosurg Psychiatry. 1993;56:339–42 (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.