area, each of whom has made substantial contributions to their respective fields, Michael Pender (largely on CNS disorders), and Pamela McCombe (more peripheral). A sound, broad, and welcome introduction (in part by Ian Frazer, Professor of Medicine in Queensland) is followed by chapters on multiple sclerosis, and on acute disseminated encephalomyelitis. Progressing down the neuraxis to the Guillain-Barre syndrome and CIDP, myasthenia and muscle disease, the book ends with a single chapter on paraneoplastic disorders, and one on connective tissue disease/vasculitis. And it is a far from superficial jaunt through these disparate but related topics—laboratory studies are rightly emphasised, with a 60 page chapter on experimental allergic encephalomyelitis, and a total of 125 pages specifically addressing experimental models or basic principles of neuroimmunology. The book is excellently and comprehensively referenced, over a third of its 350 pages comprising bibliography. Sadly, there is not a single illustration—but perhaps grown ups do not need pictures. This is a well-written book, a good read, accurate and up-to-date, and a timely review of an increasingly important field.

NEIL SCOLDING

Introduction to the Neurologic Examination. By MICHAEL F. NOLAN. (Pp 224; £18.00.) Published by Waverly Europe Ltd, London 1996. ISBN 0-8036-0017-8.

The concept behind this book is important: the marriage of clinical examination with neuroanatomical understanding, a formidable task, bearing in mind the end result of most preclinical courses. Does the author succeed? Almost. Certainly he has the correct credentials: associate professor of both anatomy and neurology; and the correct philosophy: "to make the neurologic evaluation a reasoned, purposeful, and dynamic series of interactions between clinicians and patients."

Central to this thesis is the careful use of line diagrams drawn from *Neuroanatomy: An Atlas of Structures, Sections, and Systems*, by DE Haines. These are clearly laid out in a schematic 2D form, demonstrating the routes of the appropriate pathways, which allow navigation even in the thickest neuronal jungle.

After a standard opening set on history taking, this book unfolds with the mental status examination incorporating helpful sections on gnosis and praxis. Yet, I think that it is at its best describing the functional anatomy of the brainstem. The demonic complexities of the trigeminal nerve demonstrates this well. Sensory and motor paths are followed from ganglia to nuclei to thalamus and cortex with an emphasis on topographical representation and clinical examination. It does not attempt to describe specific lesions, but uses juxtaposition of the neurological/anatomical domains to enable real awareness to develop. Likewise the lower "Cinderella" cranial nerves are given equal prominence, with useful hints on bulbar examination.

Limb examination divides into motor, reflex, and sensory systems as expected, with discussion of muscle spindles, sensory transduction, and central relay nuclei; as well as the standard pathways by which the messages are routed. I was glad that the author stresses reflex reinforcement and the diagram of reflex man was a clever idea. However, a 6 point reflex grading scheme

seemed a little extreme even for the most careful examiner!

The book ends with a chapter on recording and presenting data, which although useful for placing neurological history taking and examination in overall context is unnecessary for the audience which I think this book would best serve. Probably the balance for the peri-MRCP clinician, this book is too closely packed for a student on a four week attachment. Why does this book only partially succeed in its laudable aims? I think that to really form a sound neuroanatomical base for clinical application, more pages of words would have to be replaced with more pages of diagrams. A little more Haines and a little less Nolan.

JEREMY CHATAWAY

Oppenheimer's Diagnostic Neuropathology. Edited by MARGARET M. ESIRI. (Pp 458; £125.00.) Published by Blackwell Science, Oxford: 1996. ISBN 0865429154.

Diagnostic Neuropathology: a practical manual is now available in a new edition. Dr Margaret Esiri has undertaken this task single handedly, following the death of the book's coauthor David Oppenheimer. The text of this second edition is altered only to include new information in neuropathology. Actually, no other change was necessary. The late Lucien Rubinstein recognised this when he wrote, in the forward to the first edition, that it was "one of those rarer books which fall between the two extremes (of thin and lean or fat and crammed) and in which the balance between the skeletal outline and a profusion of details has been carefully adjusted, and the mixture blended with art". Yet, this new edition is not merely updated. It is immensely improved by the production of most illustrations in full colour and by the introduction of numerous illustrations of magnetic resonance images (MRI) to correspond with those of pathological specimens.

The quality of illustrations is superb, ranking with that found in sophisticated atlases of pathology. There is scarcely a page which is not graced by one or more photographs of a whole brain, brain slices, wet smears of biopsy material, histological sections, muscle histochemistry, resin embedded nerve sections or an osmicated teased fibre preparation. A nine page atlas of brain slices in both coronal and horizontal planes is also offered; this consists of black and white photographs of brain slices, each of which is paired with a corresponding MR image.

As its title clearly indicates, the book is intended as a guide to neuropathological methods; it is aimed principally at apprentices in neuropathology and at general pathologists with an interest. The book achieves this with enviable clarity and in so doing it provides the ideal foundation for subsequent excursions into the weightier and more comprehensive tomes to be found on neuropathology shelves. The neuropathology trainee will benefit from chapters which offer guidance on the neuropathological necropsy and the dissection and sampling of the brain and spinal cord. Especially useful is a chapter which indicates how one should proceed at necropsy in the case of a particular neurological sign or symptom; for instance a case of ataxia, autonomic failure, ophthalmoplegia, involuntary movement, Horner's syndrome, disorders of speech and language and so on.

However, those called to the neuropathological "priesthood" are few, so the success of the first edition of Oppenheimer and Esiri's book is evidence that it has a much wider readership. Participants in a modern clinical neuroscience service must know the rudiments of specialties other than their own. Neuropathologists must have some knowledge of clinical neurology, neurosurgery, and neuroimaging in order to give the best possible neuropathological opinion. Similarly, trainees and specialists in clinical neurology, neurosurgery, and neuroradiology require knowledge of the principles of diagnostic neuropathology if they are to understand the role of surgical biopsy and neuropathological necropsy in clinical practice. In my opinion, the new edition of *Diagnostic Neuropathology* offers them the best means with which to acquire this essential perspective.

General pathologists will also find much in this book that is pertinent to their practice. Injuries to the head and spinal column, intracranial haemorrhage, cerebral infarction, and hypoxia are encountered almost daily in the mortuary. This book will enable them to deal competently with straightforward problems and to recognise those cases which require referral of nervous tissues to their neuropathological colleagues.

Lucien Rubinstein said of this book that it "exudes the pleasure of problem-solving and breathes the joy of neuropathology". That endorsement is fully deserved.

JOHN XUEREB

Localisation in Clinical Neurology. Edited by JOSEPH C. MASDEU AND JOSE BILLER. (Pp 384; £84.00 HB). Published by Churchill Livingstone, Edinburgh: 1996. ISBN 0316099929.

Many neurologists and students of neurology will be familiar with this book, as the first two editions of it appeared in 1985 and 1990 respectively. The book concentrates on the anatomy and clinical signs of lesions at various levels of the nervous system. The book starts in the peripheral nervous system and then progresses in subsequent chapters up the neural axis. Thus it starts with the peripheral nerves and in the following chapters concentrates on the cervical, brachial and lumbosacral plexuses before confronting the spinal nerves and roots and entering the spinal cord. On reaching the brainstem, the cranial nerves are encountered, and 233 pages are devoted to them highlighting their importance in neurological practice. The conclusion of these chapters heralds entry into the latter half of the book and more rostral structures, including a whole chapter on the much neglected thalamus. The book then concludes with a discussion on the localisation of lesions in comatose patients, a situation in which the previous 20 chapters cannot be applied.

This book therefore forms a complete textbook for the examination and interpretation of signs and symptoms affecting both the central and peripheral nervous system. There are, however, no specific chapters devoted to the neuromuscular junction or muscle and there is little discussion of neuropsychiatry. These are, though, minor omissions in a book that is otherwise awesome in its coverage. A book that provides an invaluable and in depth discussion and explanation on everything you ever needed

to know about the neurological examination (and more). The anatomical organisation of each system is clearly delineated at the outset and forms the basis for discussion although it could be improved with higher quality figures. The anatomy so explained, the examination is detailed and the site of lesions discussed in terms of their clinical findings. This approach gives scope for the inclusion of a mass of signs and symptoms, the names of which litter neurological quizzes but are ultimately of little practical use. Thus whilst the Weber or Millard-Gubler syndrome may be familiar, how many of us can accurately define the Claude-Bernard or Terson syndrome, or confidently recognise Czarnecki's or Summerskill's sign. Other syndromes, on the other hand, require little imagination and knowledge for their interpretation such as the "vertical one-and-a-half syndrome" or "the response-to-next-patient-stimulation syndrome"! This book has a plethora of such neurological trivia, but in all cases it is to be found amidst sensible and sound discussion which is extremely relevant to everyday clinical practice, although at times there are rather too exhaustive lists of causes of syndromes or signs. This has the effect of overwhelming the reader and leaving him unsure as to what is common and what is the topic of a case report.

The book is well written and easy to read,

but most people buying it will use it for reference, as it is especially useful for those cases that require neurological finesse. It is therefore not a book for the naive student of neurology as the depth and density of coverage is likely to confuse more than clarify. However, I loved this book—it was interesting and stimulating with some excellent accounts and great summary tables. Whilst I have some minor criticisms, mainly with respect to the discussion on the aetiology of some neurological conditions, they are really of little consequence in what is otherwise a delightful book on the fine art of neurological examination (it should be stressed that management is not discussed). I strongly recommend this tome to all neurologists whether newly trained, an old hand or simply intent on one-upmanship, for having read it you just want to go and look for those obscure signs and syndromes.

ROGER BARKER

Antiepileptic Drugs, fourth edition.

Edited by RENE H LEVY, RICHARD H MATTSON, BRIAN S MELDRUM. (Pp 1148; \$206.) Published by Raven Press, New York: 1995. ISBN 0-7817-0246-1.

Since its introduction in 1972 on the basis of work performed by the Epilepsy Branch

of the NINDS this book has rapidly become the standard reference work on antiepileptic drugs. The early chapters in this book dealing with general principles provide an excellent account of the pharmacology and general principles behind the use of anticonvulsant drugs. An understanding of these principles is becoming increasingly important to those caring for patients with epilepsy at a time when exciting new developments in anticonvulsant drug development are taking place. While I would not use phenytoin as a first choice drug in new onset epilepsy, and have less enthusiasm for routine therapeutic drug monitoring than suggested, the practical clinically based approach to the use of antiepileptic drugs is otherwise uncontroversial.

The sections of the book dealing with the most widely used established anticonvulsants provide comprehensive accounts of the pharmacology, clinical use, and toxicity of these drugs.

The inevitable problem with a text of this sort at a time of rapid developments in pharmacology is remaining up to date. A number of the compounds considered on an experimental basis when this book was published have subsequently demonstrated clinical efficacy or fallen by the wayside. This book nevertheless remains a standard reference to the established anticonvulsants.

STEVE WROE