erogenesis – the coagulation system and the role of fibrinogen and fibrin. Salem's chapter on the natural anticoagulants is a useful review of this group of compounds, whose significance in thrombogenesis is increasingly recognized. One class is the antithrombins, which inhibit serine proteases. This role of antithrombin III is well known but that of heparin cofactor II has been appreciated only quite recently. The other class consists of the inhibitors of activated cofactors. Of these, the most familiar is protein C but protein S and thrombomodulin, an endothelial cell protein essential for rapid protein C activation by thrombin, also have to be taken into account. As always, a series of articles of this kind is inevitably outdated, in parts, by the time it appears – some of the developments in thrombolytic therapy and the identity and function of endothelium derived relaxing factor (EDRF) are not covered as fully as they now would be. But this is an unavoidable characteristic of nearly all publications of this kind. Basic scientists and clinicians interested in the determinants, consequences and management of thrombosis will enjoy this one.

T.W. Meade

*MRC Epidemiology and Medical Care Unit
Northwick Park Hospital,
Harrow,
Middlesex HA1 3UJ.*

Dementia, edited by Brice Pitt. Pp. 346, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1987. £40.

Dementia and related disorders now confront the world as a major challenge to public health. It is therefore not surprising that there should be a proliferation of books on the subject. This book comes close on the heels of the well received British Medical Bulletin publication entitled *Alzheimer's Disease and Related Disorders*. Like the British Medical Bulletin publication it is written by multiple authors renowned for their international reputation. Although well written, not all chapters are 'complete' and there are obvious omissions which are not found in the British Medical Bulletin. For example, there is an absence of any discussion on visual evoked responses which have been reported to be superior to EEG and CT scanning in diagnosing early Alzheimer's disease, and which probably has more diagnostic value than P300 discussed in the book.

In chapter 2 the authors state that patients with dementia and low vitamin B12 should be given maintenance therapy for life without making any comments on the problem associated with laboratory measurement of B12.

Leaving these minor criticisms aside, the book lives up to the other volumes in the series on 'Medicine of Old Age'. All professionals involved in the care of the elderly would find this book useful.

G.S. Rai,

*Department of Geriatric Medicine,
Whittington Hospital,
London N19 5NF.*

Diagnostic Picture Tests in Clinical Neurology, Malcolm Parsons. Pp. 127, illustrated. Wolfe Medical Publications, London, 1987. £6.50.

This little book consists of 200 photographs illustrating some 160 diagnostic problems in neurology and designed as a quick revision course for examination candidates. The clinical pictures are beautifully reproduced, the line drawings excellent, the X-ray reproductions only passable and some of the CT scans are poor. However, the only way to get the most out of such a book is to take pencil and paper and write down the answers. The double discipline of then checking with the crib at the end provides a unique opportunity to revise a wealth of clinical material in a relatively short time. You will be able quickly to run through a large number of common neurological problems (myasthenia gravis, ocular palsy, anatomy of the facial nerve, the cavernous sinus syndrome, causes of muscle wasting, several peripheral nerve lesions), to remind yourself of some rarer conditions (ataxia telangiectasia, Refsum's disease, the neurological complications of tuberculosis and Paget's disease, Miller-Fisher syndrome, dermatomyositis with subcutaneous calcification) and to learn something new (for me, cheiralgia paraesthetica, Twinning's kink and the 'one-and-a-half syndrome').

The author admits, in his preface, the difficulties in constructing these series of questions in an unambiguous way, but suggests that '... if an indignant student is driven back to his books that is no bad thing'. Questions such as 'What are the likely causes?' 'How would it present?' and 'What signs might be found?' often do not have agreed precise answers. Personal experiences and interests inevitably provoke a few specific comments – why not acknowledge the eponymous title of Ramsay Hunt in 44,45, surely the commonest cause of facial palsy and pain in the ear; cases of chronic genetically determined neuropathy are most accurately divided into HMSN Types I to VII; ocular myopathy must surely be included in the differential diagnosis of 156, 157 (when you have *not* yet seen the eye movements illustrated on the next page!); and I am sure some examiners in neurology would expect writer's cramp to be categorised as a focal dystonia and not psychosomatic!

However, these are minor and provocative comments. There is much to enjoy and learn in this little book. If the other titles in this series are equally good they can all be recommended.

M. Swallow

*Department of Neurology,
Royal Victoria Hospital,
Grosvenor Road,
Belfast BT12 6BB.*

Disorders of the Nose and Paranasal Sinuses. Diagnosis and Management, K.G. Marshall and E.L. Atria. Pp. xiii + 370, illustrated. Wright, Bristol. PSG Publishing Co., Littleton, Mass., 1987. £28.

This is an unusual book from Canada jointly written by a pathologist, a surgeon and an immunologist. It gathers, in one place, information only otherwise to be found in a variety of different books and journals. The approach of many of the