the possibility that an examiner in the Primary FRCS or MRCP might ask for one of them to be regurgitated. It is the sort of book which is commonplace in clinical medicine and presumably examination candidates find them useful as a source of information or perhaps an indication of the range of information which might be required of them. It is not a book which admits to doubts or ever quotes the evidence on which the 'facts' are based. It is the sort of book which anyone who is embarking on a study of endocrinology or wishes to understand endocrinological diseases should avoid.

The author is, of course, aware of these deficiencies. He states that 'the style is unique and will not please everyone: it is deliberately cryptic and concise and attempts to compress large areas of physiology into readily assimilable facts and concepts with the minimum of description'. No doubt such a book has a place as last minute revision material for postgraduate medical exams but I certainly would not recommend it to preclinical and clinical medical students as the author suggests.

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The Process of Neurologic Care in Medical Practice, Thomas H. Glick. Pp.xvii + 373. Harvard University Press, Cambridge, Massachusetts and London, 1984. £20.00.

This is an interesting and unusual book in which the author analyses the processes involved in every aspect of the care of the neurologically ill patient from first presentation to the care of the chronically disabled and dying. Sensible and practical guidelines with numerous case histories illustrate how deviation from these may lead to mistakes or disaster.

Although the approach to many common problems such as transient ischaemic attacks, dizziness, epilepsy, headache and visual disturbances are analysed, they are used as illustrations of the principles under discussion and the book is not, nor does it purport to be, a comprehensive reference book.

The pace is leisurely and the text at times repetitive and discursive and, for the English reader, these disadvantages are compounded by occasional American phraseology and abbreviations. However, with minor adjustments such as denuding ER of its royal connotation and translating it to Casualty

Department, it is clear that the book offers advice which is universally applicable.

To read this book is to have been in the company of an experienced, skilled, perceptive, as well as sensitive and wise clinician on an extended clinical tutorial in which he passes on the fruits of years of experience, ranging from the details of how to distinguish between a voluntary withdrawal response and an extensor plantar, to analysis of the principles guiding diagnosis and management and the psychiatric factors involved at every stage in neurological care.

This is not a book to turn to for help in an emergency situation but it is a practical companion guide to be read at leisure and with profit not only by the general physician for whom it was written but by all clinicians dealing with patients with neurological symptoms or disease.

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Radiological Investigation. A Guide to the Use of Medical Imaging in Clinical Practice, Hiram Baddeley, with contributions by E. Rhys Davies. Pp.xvi + 411, illustrated. John Wiley, Chichester, New York, Brisbane, Toronto, Singapore, 1984. £32.50, \$48.75.

The writing of a general textbook by a single author is at present fraught with hazards. The difficulties are not far to seek. The rapid introduction and advances of new technologies, including ultrasonography, computed tomography, magnetic resonance imaging, doppler shift spectral analysis and impedance plethysmography, are entirely responsible. It has for a long time been impossible to have in depth expertise in all branches of radiology but in the 80s even limited experience by one individual becomes daunting.

Certainly a specialist text to guide clinicians, produced by an expert in his own field, is an excellent idea and makes a change from the clinician pronouncing on investigative procedures. These guidelines cannot be rigid nor lasting, when the whole subject is in a state of flux. Nevertheless, priorities should be clearly stated and preferences are expected, bearing in mind the significant variations in departments and hospitals, let alone in different countries. Availability of equipment and expertise is too often the determining factor in many institutions.

Moreover, local and individual practice continues being extremely important, and rightly so. Case conferences, interdepartmental meetings, journal