minor maladjustment to the stresses of daily living. Although the number of symptoms about which the sick person may complain are many, they may be classified into a few large groups—chest pain, wind, constipation and headache are perhaps the commonest. It is from these presenting symptoms that the doctor works out his diagnosis. Of all the various complaints that a patient may make the group vaguely described by the patient as headache is probably the most common and has the greatest number of causes, nearly all of which are insignificant from the point of view of pathology. Cerebral tumours seldom occur but their importance makes their exclusion from the diagnostic field the first thought of the clinician. There are a myriad of other causes—occasionally a temporal arteritis will present—essential to spot early to prevent the onset of blindness—but the majority fall into the unsatisfactory categories of migraine and stress. The patient is often unclear as to what he means when he says he has a headache. The doctor has to think rapidly through the whole gamut of pathology to exclude the killing diseases before passing on to the more common causes, and of these migraine is the most disabling and the least amenable to treatment, and it is the least understood. There is much literature on the subject which the student may consult. Unfortunately nearly all has been written by specialists who are quite understandably, unaware of the true incidence of the complaint. A recent addition to these is *The mechanism and management of headache* by Dr James W. Lance, who is a neurologist. However, Dr Lance has written a very good account of a difficult subject and on many occasions remarks that being in specialist practice his impression of the frequency of the various syndromes may be falsified by the fact that he only sees those patients who are referred to his hospital outpatient department.

Dr Lance gives a short introduction on the causes of headache and a sensible classification according to their source; intracranial, extracranial, vascular, muscle contraction, cranial nerve disorders and local cranial disorders. He has a chapter on referred pain mentioning the common cause, cervical spondylosis, and deals briefly with psychogenic headache. All that he has to say is well-written and worth reading. The book is well-produced and though short is by today’s standards not expensive.


This is a study in contrasts. All that these two men had in common were their Christian names and the fact that they spanned roughly the same period of history. The Edinburgh School of Medicine was famous before Simpson or Syme came to it. The Monros, Cullen, the Bells and many others had added distinction to the school before them. Edinburgh throughout the eighteenth century had provided many of the most distinguished practitioners in London. In the hands of Mr John Shepherd, Syme comes forth as a dour, uncommunicative Scot whose operative skill and ability to teach, advanced surgery at a time when medicine itself was moving slowly forward. Simpson stands out as the brilliant and dazzling obstetrician and gynaecologist who, discovering after many trials the benefits of chloroform, proceeded on to triumphs in many fields. It is not surprising that for long stretches of time Simpson and Syme were not on speaking terms. It is not surprising that their quarrels were bitter and prolonged. They seem to have inherited some of the vitriol which came naturally to their predecessors in the chairs that they occupied.

One of the fascinating and little understood ventures of James Simpson was his advocacy of acupressure, that is, the controlling of haemorrhage by using the pressure of long needles which were left in the wound for some time after the operation. It was Simpson's belief that this was his greatest contribution to surgical practice and he felt rather bitter when Lister produced the soluble catgut ligature. In other ways Simpson was quick to adopt the antisepsic practices of Lister and was himself an advocate for the improvement of hospital buildings. Indeed he suggested at one time that temporary buildings be erected for hospitals which could be moved to new sites, or fresh ones erected after about ten years of use, thus diminishing the fatality from hospital gangrene. Syme's daughter married Lister and it is probable that had not Lister been his son-in-law he would never have adopted antisepic aseptic principles. He was essentially a conservative where surgery was concerned.

One of the great advantages in describing two such opposite characters in one book is that it enables the biographer to portray very accurately medical life in the mid-nineteenth century in the city of Edinburgh. Mr Shepherd has done this well. His book is well-illustrated, and, for an Edinburgh graduate, an ideal present. At two guineas it is cheap.


This book sets out to be an elementary but comprehensive introduction to psychology for students who have everyday experience only on which to draw—particularly student nurses and student teachers. Great care is taken to keep the language and illustrative examples very simple. The people at whom the book is aimed should find it most useful, though perhaps not all will appreciate such a marked emphasis on neuroanatomy and neurophysiology.

How far it will be of value to doctors is another matter. Though teaching in psychology varies in depth from one medical school to another, most