since we are individualists, it is difficult to persuade any group of doctors to agree to standardize their record-keeping. In Mansfield we agreed to adopt 'family folders', the advantages of which I enumerated in my paper (June, p. 341), but beyond this it has not so far been possible to standardize record-keeping. Case summaries are important but we don't have much spare time to compile them. I used to think they should be kept on the back of the medical record envelope as suggested by Walford, (*Journal of the College of General Practitioners*, 1962, **5**, 265) but with further experience of tattered MRE's I am sure a separate summary card is required. The College summary card is not used much, following the introduction of forms EC 7A and 8A. Perhaps a similar card without the immunization section should be introduced by the College or by the Department of Health.

There are four essential tools for tidying records: A roll of Sellotape for MRE's, a stapler (and "unstapler") for the continuation cards, a pair of scissors and a packet of paper clips for the correspondence. It is unrealistic, however, to think that Dr Kendall or I could persuade or coerce a group of ten or more general practitioners to tidy up their own records when these arrive from the executive council. For this reason, and because I agree that it is so important and should be done, the tidying and summarization of records should be in the hands of well-trained receptionist or clerical staff. With a local authority employer and with suitable supervision from an administrator, there may be some friendly competition between receptionists to see who can produce the best records—and the doctors allowed extra time to listen to their patients.

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Correction

Due to an error in the review of 'Some implications of steroid hormones in cancer', August *Journal*, p. 554, column 2, line 13, should read "The epidemiologist should *now* collect data".

Book reviews

Migraine. Evolution of a common disorder. OLIVER W. SACKS, B.M., B.Ch. London. Faber & Faber. 1971. Pp. 298. Price £2·50.

One-subject books are sometimes a disappointment. To fill his pages an author may accumulate reports and accounts of the work of others and incorporate them in extenso and sometimes uncritically. The really successful one-subject, one-author book is an extreme rarity, but this is one of those.

Migraine is something with which every doctor is familiar. Its frequency of occurrence ensures that any patients consult with the condition and that a proportion of these will themselves be scientists or doctors able to describe their own symptom-patterns with accuracy. The subject is well documented and Dr Sacks has immersed himself in the history of migraine from classical and mediaeval times. He considers definitions and descriptions through the centuries and goes on to dissect the components of the migraine attack from the experience of his own clinical practice. The resultant blend of critical analysis and observed recording is both satisfying and convincing.

Though the occurrence of an attack of migraine is an event which can be described in isolation the condition is recognized as one of a group including cyclical vomiting, biliousness, periodic fever (the pyrexia psychogenica of the older teachers?) and menstrual tension states. Its exchange—and substitution—conditions are discussed fully with clear examples both from the literature and the case-notes of the author. No matter what aspect of migraine is examined the presentation of material is logical, clear and readable. Of how few books can this be said?

Inasmuch as many doctors themselves experience migraine they will wish to obtain this book to see reflected in it their own symptom-constellations as well as those of others. Much that is not at first sight immediately relatable to migraine is found to fit into the syndrome and the diagnosis may well be made more often after reading the second part of the work, and the reader will have a fuller understanding of the basis of the condition, its psychological mechanisms, its biological significance and its psychological aspects after study of part three.

The fourth part relates to treatment, though this features in earlier chapters where it is relevant. The place of the physician, the way of life advised for the patient, as well as specific therapies are all discussed, including castration as reported by Gowers in 1881. The relative merits of drug treatment and psychotherapy are balanced in the admission that there is an element of magic in the successful treatment of migraine. Dr Sacks has given us the standard textbook for contemporary magicians and for those of the generation to come.

Parkinson's disease: A new approach to treatment. First edition. Edited by G. F. B. BIRDWOOD, S. S. B. GILDER AND C. A. S. WINK. Academic Press Inc. London. Pp. 115. Price £1·75.

This report of an international clinical sym-