

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 corres-

pondence. 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-

posium arranged by CIBA-GEIGY enabled clinical trials of the efficiency of a new drug, amantadine hydrochloride (Symmetrel) to be evaluated. It was held at the Royal Garden Hotel in London in June 1971. Its chairman was Dr Maurice Parsonage, consultant neurologist and senior lecturer in neurology in the University of Leeds.

The symposium included five sessions on the following aspects of the problem: Effectiveness of Symmetrel in different forms of Parkinsonism; Dosage; Combination with other therapy; Side-effects and mode of action, with finally a discussion on The early case.

Dr Parsonage gave a short historical review of this disease first described by James Parkinson in 1817. The first cases of post-encephalitic Parkinsonism were recorded in 1920, and by 1929 attention had been drawn by Macdonald Critchley to the arteriosclerotic cases of Parkinsonism. Stereotactic modern surgery developed from Cooper's discovery in 1952 that improvement in Parkinsonian tremor and rigidity followed occlusion of the choroidal artery. This paved the way for the surgical interruption of the pallidofugal fibres forming the ansa and the fascicularis lenticularis.

The drug therapy of Parkinsonism by amantadine hydrochloride (Symmetrel) was developed from the original observations made by Robert Schwab, and various international trials reported during this symposium appraised the action of L.Dopa and of Symmetrel both in their individual action and also in combination.

Symmetrel is a quick-acting stable, water-soluble substance that is excreted largely unchanged in the urine. In most cases, given in a dose range of 200 to 300 mgs daily, it is well tolerated and few side effects are serious. The clinician must be on his guard in patients who show cerebral arteriosclerosis and renal insufficiency, and there was some disagreement as to the possibility of the drug losing its holding effect with the passage of time.

These careful clinical trials, carried out by experts in many countries, show that Symmetrel is frequently an effective remedy in Parkinsonism, and that it has a wide margin of safety. In the view of Dr Parsonage: "... a first-line choice of drug".

Any general practitioner who is using this new treatment will be wise to buy and read this little book. The editors are to be congratulated on the speed with which it has been placed in the hands of the clinician, and the publishers are owed a debt for its excellent production in a hard cover at a very moderate price.

**Surgeon in Nepal.** PETER PITT. London. John Murray. 1970. Pp. 3+225. Price £2.50.

This is the story of the experiences of an army surgeon during his two years tour of duty in eastern Nepal. It is for the most part a clinical

record into which a great deal of information on the ways of life and the folk lore of the people is woven. The result is a very readable book which is written for the lay reader. Mr Pitt is blessed with the power to describe on paper in vivid terms what he has to say and not only lay readers will be grateful for his account of his stay with the indomitable Ghurkas in the foothills of the Himalayas.

**Autistic psychotic and brain injured adolescents.** A report of a conference held at the King's Fund Hospital Centre, 24 November, 1970. PPWAPPA. 1971. Pp. 1+155. Price £1.05.

It is unlikely that any one general practitioner will have much experience of coping with the autistic or brain injured adolescent. Indeed, as made abundantly clear in the report of this conference, few people seem to have much experience of the problem. This report is worth reading, if only to remind oneself of the difficulties faced by the families of these patients, as well as the families of other handicapped patients. Any profit from the sale of the report will go towards supporting the work of the National Society for Autistic Children.

**Diseases of the urinary tract.** Articles published in the *British Medical Journal*. London. 1971. Pp. 122. Price: £1.00.

This is a collection of articles on urology published recently as a series in the *British Medical Journal*, and now revised and put out in book form. The authors are all eminent in their specialty, and write of practical medicine in terms easy for those outside the ivory castle to comprehend. The section on the management of chronic renal failure is particularly helpful to the practising doctor faced with the problem of uraemia in elderly patients. Other sections cover renal disease at all ages including infection, cancer, haemodialysis, incontinence and enuresis. It is a useful book for the general practitioner's bedside table.

#### BOOKS RECEIVED

**Parkinson's disease and the Parkinsonian syndrome.** Produced by Roche Products Ltd. London. 1970. Pp. 11+60.

**Management of mental illness in general practice.** R. R. TILLEARD-COLE, M.A., B.M., B.Ch., D.P.M., JOHN MARKS, M.A., M.D., M.R.C.P., F.R.C.Path., N. H. MOYNIHAN, M.A., M.R.C.S., L.R.C.P. London. Roche Products Limited. 1971. Pp. v+91.

**Directory of British Health Centres.** A working paper compiled by M. P. CURWEN, M.A., Department of General Practice Guy's Hospital and B. BROOKES, A.R.I.B.A., Assistant Director, The Hospital Centre. London. King's Fund Hospital Centre. Pp. 1 + 94.