Far be it from me to criticise a book that is in a new impression of its 4th edition having been a course book in 37 countries and over a 100 universities, medical schools and nursing colleges in the USA, and can list some excellent bits of previous reviews on the back cover. What, at this stage, would there be to say? I suppose I could say that I would not want to be on any of those courses. That is not because I take issue with the idea of there being a Medical Anthropology and I am a long time supporter of the idea that being sick is culture bound and that being ill is not the same as being diseased.

We got off to a good start with an introduction to what the book could have about. I weakened at the chapter on cultural definitions of anatomy and physiology. Figure 2.1 shows where people thought their 'stomach' was. Doctors are best at guessing. In the case study on p 46, Taitz's study is used to illustrate infant overfeeding though it dates from 1971. According to the World Cancer Research Fund and others, sensible diets would reduce cancer. I imagine that careful driving would keep death off the road. Under 'Ritual and the management of misfortune', I see, in Figure 9.1 a picture of a doctor in a white coat (Source: Digital Stock) 'a potent ritual symbol of the healing powers of medical science' though not one much seen in the places where I work. So much for science there then. And so on wider yet and wider.

I am aware that we live in a 'multi-cultural' society. I only take issue with those who think it was not always so and so as between one street and the next. Read 'The Classic Slum'. I have never been to Glyndebourne or to a Rock concert though I think I appreciate a wide range of music. I can see that there are all sorts of different ways of being human and that different humans will think about being sick and what it means to be sick in different ways from me. But I am a funny old structuralist when it comes to what Disease does to the human frame whether in rural Sussex or Wembley Stadium or the Orinoco basin. The answer to why does to the human frame whether in rural Sussex or Wembley Stadium or the Orinoco basin. The answer to why does to the human frame whether in rural Sussex or Wembley Stadium or the Orinoco basin. The answer to why does to the human frame whether in rural Sussex or Wembley Stadium or the Orinoco basin. The answer to why does to the human frame whether in rural Sussex or Wembley Stadium or the Orinoco basin. The answer to why does to the human frame whether in rural Sussex or Wembley Stadium or the Orinoco basin. The answer to why does to the human frame whether in rural Sussex or Wembley Stadium or the Orinoco basin. The answer to why does to the human frame whether in rural Sussex or Wembley Stadium or the Orinoco basin. The answer to why does to the human frame whether in rural Sussex or Wembley Stadium or the Orinoco basin. The answer to why does to the human frame whether in rural Sussex or Wembley Stadium or the Orinoco basin. The answer to why does to the human frame whether in rural Sussex or Wembley Stadium or the Orinoco basin. The answer to why does to the human frame whether in rural Sussex or Wembley Stadium or the Orinoco basin. The answer to why does to the human frame whether in rural Sussex or Wembley Stadium or the Orinoco basin. The answer to why does to the human frame whether in rural Sussex or Wembley Stadium or the Orinoco basin. The answer to why does to the human frame whether in rural Sussex or Wembley Stadium or the Orinoco basin. The answer to why does to the human frame whether in rural Sussex or Wembley Stadium or the Orinoco basin. The answer to why does to the human frame whether in rural Sussex or Wembley Stadium or the Orinoco basin. The answer to why does to the human frame whether in rural Sussex or Wembley Stadium or the Orinoco basin. The answer to why does to the human frame whether in rural Sussex or Wembley Stadium or the Orinoco basin. The answer to why does to the human frame whether in rural Sussex or Wembley Stadium or the Orinoco basin. The answer to why does to the human frame whether in rural Sussex or Wembley Stadium or the Orinoco basin. The answer to why does to the human frame whether in rural Sussex or Wembley Stadium or the Orinoco basin.

As a paediatric neurosurgeon with a particular interest in craniofacial disorders, it is fascinating just to look at some of the illustrations (it is not hard to imagine how the legend of the wolf-man started when one looks at certain sets of photographs while another set looks strangely like a contemporary American heart-throb). The sheer breadth of knowledge that has informed this book is truly remarkable. Subsections are extensively referenced and the genetic mutations where they have been elucidated (those FGFR mutations in the various craniosynostosis -related conditions, for example) are well illustrated. My more recent clinical questions concerning foetal valproate syndrome and cleidocranial dysplasia have been answered in an up-to-date and erudite fashion. The section on craniosynostosis (forty pages) takes the reader from acrocephalopolysyndactyly to Wisconsin syndrome. This is, of course, the fourth edition of this book and many readers of this journal will be familiar with its predecessors. For newcomers like myself, however, it is a revelation and for those with publishing ambitions of their own, it is a daunting example even to think of emulating. The quality of production is extremely high but as I have already warned – take care – one dip into this book will only lead to another!

Richard Hayward
The Education of Laura Bridgman: First Deaf and Blind Person to Learn Language
By Ernest Freeberg
ISBN 0 674 00589 9

The Imprisoned Guest: Samuel Howe and Laura Bridgman, the Original Deaf-Blind Girl
By Elisabeth Gitter
ISBN 0 374 11738 1

The recent publication of two books on the history of Laura Bridgman renewed an interest I have had for a long time. Laura Bridgman was the first person with blindness and hearing loss to learn language. Charles Dickens, in American Notes, wrote an account of his meetings with Laura and with Dr Howe, the physician who treated her. He described how Laura, ‘having no words, uses her finger alphabet in her sleep. And it has been ascertained that when her slumber is broken, and is much disturbed by dreams, she expresses her thoughts in an irregular and confused manner on her fingers’. 1

There is obviously overlapping between the two volumes, but in a number of ways they are complimentary. They give many details of Laura’s history and of the part played by Dr Howe.

The books relate how Laura had experienced convulsions in infancy but had developed normally until the age of two years and had begun to use a few words. Then she suffered a severe attack of scarlet fever which destroyed her eyes and ears, and killed two of her siblings. The fact that she had learned a few words before her illness was surely vital to her subsequent development. Laura may not have had any memory of the sights and sounds experienced before her illness but the foundations of language must have been firmly established. She lived on the family farm for the next five or six years, looked after by her mother who gave her simple tasks to do. She had no spoken language, but had an obvious desire to communicate.

Dr Howe, initially anyway, dismissed the importance of Laura’s experiences before he admitted her to the Perkins Institution for the Blind. He considered that her acquisition of language was entirely due to the input that he initiated. It is salutary to realize how little was known about the function of the brain at that time; for example, Dr Howe was a firm believer in phrenology, so soon to be discredited. The methods used in Laura’s teaching seem to have many similarities to the ‘Association Method’ devised by McGinnis2 a century later

Many details are given of Laura’s development, not just of concrete language, but of abstract thoughts relating to Christianity and moral concepts. The description of these developments throws considerable light on the personalities of both Laura and Dr Howe. Dr Howe was obviously a complex character: ambitious and to a certain extent manipulative. He did use Laura for his own ends, but it cannot be denied that he was a pioneer, and that without his help Laura may not have accomplished anything. Also, he remained loyal to her, and in later life when she was in financial difficulties he made sure that she was well looked after.

These books can be unreservedly recommended to anyone involved with helping children with disabilities, and especially those interested in language development. Much can be learned from them, and they emphasise that although the events recorded took place over a hundred years ago, there is still a great deal to be done.

Neil Gordon

References
This excellent volume offers general practitioners, paediatricians, general physicians, and neurologists who may not have a special interest in epilepsy a clear and thorough guide to the diverse and often confusing field of epilepsy. Unlike many other books on the subject, it looks at aspects of the disorder relevant to particular age and client groups including neonates, children up to puberty, teenagers, women, and elderly people. After an introductory chapter briefly considering epidemiology, the complexities of the classification of seizures and epilepsies are expertly explained.

The chapter on the clinical features of the epilepsies is detailed and comprehensive and includes important conditions in the paediatric age group such as West syndrome, Lennox-Gastaut syndrome, and Landau–Kleffner syndrome. Concise information is given on incidence, seizure type, clinical features, aetiology, investigations, treatment, and prognosis that provides a valuable aid to the clinician.

The section on differential diagnosis of epilepsy discusses conditions which are often confused with epilepsy such as syncope, as well as cerebrovascular, movement, and metabolic disorders. On the investigation of epilepsy there are guidelines on when to investigate, physical examination, clinical history, EEG interpretation, brain imaging, and metabolic studies.

Coverage of antiepileptic medications is especially useful and includes the full range of conventional and new medications. For each drug the mode of action, indications, dosage, and side effects are described.

Cognitive and behavioural aspects of epilepsy are of particular interest in children and the chapter on these summarizes conditions such as psychogenic epilepsy, learning disability, psychiatric disorders, and effects of antiepileptic drugs on behaviour.

This practical handbook is based on extensive clinical experience and, as such, offers clinicians a well-focused account of current issues in the management of epilepsy. It can be highly recommended to all those working in this challenging field.

Hilary Hart