difficulty, where guidance is to be welcomed. Unfortunately, in the space available, neither chapter can do more than touch on the problems. The many different ways of formally assessing mental state in old patients is allotted half a page. Abnormal movements and primitive reflexes command only a paragraph each. There is a brief section on functional assessment, which might have been extended with profit. As to investigations, the vexing problem of the use of the CT scan in investigating old people with declining intellect is not tackled except to say that "it should be reserved for those who present with the gradual onset of focal signs and confusion. At present only those with the classical triad of gait disturbance, incontinence and mental change should be investigated for possible normal-pressure hydrocephalus and the first step should be CT". While this may be justified on economic grounds, other arguments can be marshalled to suggest the alternative view. For instance, the authors' own data on 179 patients investigated for "confusion" revealed that of the 82 patients presenting with a history of less than one year, no less than 33% had a potentially remediable condition. Amongst this group there were three patients with subdural haematomas and nine patients with cerebral tumours. No-one would think of managing heart or chest disease without a chest radiograph!

In conclusion, I think that many will find this book invaluable. All undertaking the care of the elderly will want access to a copy. I hope it will provoke more attention to the problems of neurology in old age, problems that are likely to beset most of us.

CD MARSDEN

Human Sexuality and Its Problems. By John Bancroft. (Pp 447 £12.00.) Edinburgh, Churchill Livingstone, 1983.

The treatment of sexual dysfunction is becoming well established as a subspeciality of interest to psychiatrists, neurologists, urologists, gynaecologists and others within the medical profession, and to psychologists, social workers and counsellors outside it. Amongst most of these workers there is a thirst for accurate information about the physiology, anatomy, pharmacology and psychology of sex, and so far there has been far too little in the way of authoritative writing in the field. Some of the books tend to be sensationalised, for instance, those written by that hybrid group of people, the "sexologists". Others are excessively woolly and vague, and still others

have very serious inaccuracies, partly owing to the general lack of knowledge existing in a very new subject. Books written from a neurological, surgical or pharmacological viewpoint often suffer from a neglect of the patient as a person, ignoring anxiety or self-image as a factor contributing to sexual problems.

Bancroft has put a great deal into a very compact book. He is well placed to write such a book, being a psychiatrist who has had a great deal of experience of treatment and research in the field of sexual dysfunction and deviation, and holding a research post at present in the MRC Reproductive Biology Unit in Edinburgh. The book achieves a cool, balanced but not impersonal appraisal of the whole field of sexuality, and manages to encompass a wide variety of subjects. Sexual development, gender identity, anatomy and physiology of sexual response, hormonal and biochemical aspects and the influence of medical and pharmacological factors on sexual response are covered. There are chapters on the patterns of sexual behaviour, both heterosexual, homosexual, conventional and deviant, and on cross-cultural aspects of sexual behaviour. Two long chapters on sexual problems and their treatment give an overview of this area, and the author and his wife have contributed counselling notes for the treatment of couples with sexual dysfunction. Finally there are chapters on fertility and infertility and on sexual offences.

Throughout, the book is well researched and annotated, with full bibliographies for each chapter. The emphasis is as far as possible on established facts, but the author at times expresses personal opinions, which he scrupulously labels as such, an admirable trait which others could emulate with advantage. Information is up-to-date in most chapters. For instance, in the chapter on physiology or erection, the old theory is that this is mediated by acetylcholine is criticised, and the role of vasoactive intestinal polypeptide and/or adrenaline is suggested. New information on the effect of androgens on male sexual function, and on hormone levels during the menstrual cycle in females, is presented, based on the author's own research.

In such a closely packed and informative book it seems churlish to complain about lack of information: however, the space devoted to some subjects, such as the treatment of sexual dysfunction and the management of sexual deviations, means that these therapeutically relevant subjects are given rather short shrift. It is sometimes difficult to locate some subjects. For

instance, the treatment of impotence by the use of surgically implanted prostheses is in between the psychological treatment section and the counselling notes. The index, which should direct one to the true location of such sections, is barely adequate, there being no index entry for "surgery", "implants", "prostheses" or "penile implants".

A book like this should certainly run into more editions, as the subject advances and new ideas and techniques evolve. Bancroft has attempted a daunting task, and has succeeded in producing a book which, if not yet perfect, is very much better and more comprehensive than most others in the field. It will become compulsory reading for any medical or related professional taking courses in the subject, and will be an invaluable book of reference for all those others whose patients complain in one way or another of sexual problems.

MJ CROWE

Spinal Cord Reconstruction. Edited by Carl C Kao, Richard P Bunge, Paul J Reier. (Pp 510; \$93.00.) New York: Raven Press, 1982.

This strikingly-titled book, sponsored by the Help Them Walk Again Foundation, is the outcome of the "First International Symposium on Spinal Cord Reconstruction", held in January 1980 at Las Vegas. The book as a whole serves to develop the two messages implicit in the title; firstly, that opinion is moving against the previously widely-held nihilistic view that "regeneration does not occur in the mammalian CNS"; and secondly that active intervention ("reconstruction") will be needed in order for regeneration and functional recovery to occur after a proven complete cord lesion.

It now emerges that differences between central regenerative processes in amphibia (where they are spontaneously effective) and mammals (where they are not) are only differences of degree, and not caused by a fundamental difference of neurobiology; the barriers are greater in the mammal. The barriers that techniques of reconstruction will have to overcome are here detailed and analysed; the gross barriers such as anoxia, cord retraction, dying-back, the autolytic reaction and cyst formation, as well as microscopic barriers such as glial basal lamina formation, and axonal microcyst and terminal club formation.

Having defined and analysed the various barriers to regeneration, the chapter authors approach them one by one to discover how to overcome them, and there is

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progress with each problem, although none is yet solved. Cord retraction is overcome by removing an entire vertebra; but how to prevent the dying-back response and cyst formation from recurring when the ends of the cord are cleaned up and sutured? The greater biological vigour brought to the spinal cord by implanted cerebellar or embryonic neural tissue grafts partially overcomes the glial barrier; but so does the importation of activated Schwann cells in the form of peripheral nerve grafts. Which is the better technique? And even peripheral nerve, brain tissue or embryonic grafts "take" only when the lesion is partial, for example a trough scraped in the cord dorsum; for how can the graft (in reality a mush or cell suspension) be held in position and protected against the ingrowth of meninges when the lesion is anatomically complete? If the lesion is functionally but not anatomically complete, then the cysts and gliosis must be removed, making the lesion anatomically complete. And if a patient's lesion is functionally incomplete, then who will dare to insert a graft?

The demonstration of undoubted functional reconnection by some grafted tissue in the brain has provided a great impetus, but the spinal cord is a confined space with many jostling systems, when compared for example with basal ganglia or hippocampus. Grafted tissue tends to extrude physically from the cord, and very few regenerating axons manage to cross the cysts which are the end-result of a lesion in continuity.

There are good reviews of the basic biology of central nervous regeneration, responses to axotomy, reactions to transection, axonal neurofilaments, axoplasmic transport, growth cones, guidance of regenerated central axons and glial responses.

This field is becoming fashionable, and there is obvious progress documented here. The various technical and biological problems are being separated and defined, and some of them are on the way to solution, although no doubt there will be second, third and maybe more "Symposia on spinal cord reconstruction" before an effective technique becomes available for rats, let alone patients.

DN RUSHTON

Drugs in Psychiatric Practice. Edited by Peter J Tyrer. (Pp 442; £25.00.) Sevenoaks: The Butterworth Group, 1982. There are essentially two types of textbook of clinical psychopharmacology; those which are arranged according to specific

drug categories and those which are organised around clinical syndromes. This book, as its title suggests, falls into the first group and is a particular good example of its kind.

As is almost the rule nowadays, the book is multiauthored. Generally, this works well, with many of the authors being internationally known authorities in their field. Bouleng and Lader have contributed an outstanding chapter on pharmacokinetics; my only worry is that the concise mathematical notation they have adopted may prove somewhat daunting to the less numerate. McKay gives a well-rounded and thoroughly up-to-date account of what he sometimes refers to as antischizophrenic drugs and at other times as antipsychotic drugs (the term I personally prefer). This is followed by a chapter by Jenner and Marsden called "Antiparkinsonian and Antidyskinetic Drugs" which is more concerned with the pathophysiology and management of drug-induced movement disorders. While, as may have been expected from the high professional standing of the two authors concerned, the chapter is a model of its kind, it does illustrate some of the risks of inconsistency and redundancy inherent in a multiauthor book. For example, Jenner and Marsden refer to the antipsychotic drugs as neuroleptics, a term eschewed by McKay but one chapter earlier. The redundancy is also reflected in these two adjacent chapters as the one by McKay itself contains a five-page discussion of the very topic dealt with by Jenner and Marsden.

The editor himself contributes a most sensible and helpful chapter on anti-anxiety drugs which he then proceeds to refer to as anxiolytics, a less happy term I feel. However, in his favour he does deliberately avoid using the confusing terms "sedative" and "tranquilliser".

Three chapters on antidepressants follow. One, categorised according to chemical structure, "Tricyclic Antidepressants" by Mindham; one by chronology of appearance entitled "New Generation of Antidepressants"; and one by P Tyrer entitled according to pharmacological action as 'Monoamine Oxidase Inhibitors and Amine Precursors'. There is a thoughtful appraisal by S Tyrer and Shaw of the value and potential dangers of lithium in clinical practice. After a short chapter by Checkley on psychostimulants (among which I was surprised to find fenfluramine) there is a miscellany of clinically oriented chapters relating to drug dependence, alcoholism, the use of drugs in child psychiatry and in the elderly.

I would recommend *Drugs in Psychiatric Practice* as a first-class work of reference which should be in every medical library.

TREVOR SILVERSTONE

Management of Head Injuries. By Bryan Jennett & Graham Teasdale. (Pp 351; £37.00.) Philadelphia: F.A. Davis Co. UK Agent: Quest Publishing Agency, 1981.

This book is the most important publication to date on head injuries; it contains the experience, results and conclusions of the Glasgow team presented as one might expect in an eminently logical and readable fashion. The title should be taken in its widest context as it covers more than medical inpatient treatment. The first chapters are devoted to epidemiology, pathology and patho-physiology; the text of these chapters is simple and comprehensive. The following chapters are concerned with the clinical investigation, assessment and treatment of head injured patients with particular reference to the Glasgow experience with international comparisons. These chapters are particularly eloquent and aspects of the "aggressive" treatment of head injuries such as intracranial pressure monitoring, ventilation, steroids and barbiturates are objectively discussed. The illustrations and diagrams are in black and white and, surely, the next edition will be improved by the introduction of fourth generation CT scans and perhaps also NMR and PET images. Chapter 9 is concerned with the management of acute injuries and this should be compulsory reading in every casualty department. The final chapters are concerned with the prognosis and neurological and psychiatric sequelae in the widest possible social context. The final chapter is particularly important as the authors assess the overall care of head injuries internationally and suggest that we could do better in the United Kingdom. Unfortunately, there are not enough neurosurgeons willing to give the lead in improvements which surely could be made in the treatment of this commoner surgical emergency. This book forms the solid basis for managing head injuries; it, like the Glasgow Coma Scale, can be read by both consultant neurosurgeons and medical student, though it remains to be seen whether the lead given by the team under Professors Jennett and Teasdale will be actively pursued in this country.

CHARLES DAVIS