sion of a book of 39 such different chapters written by 55 authors. Certainly some of the contributions are not common features of books dealing with chronic pain, and they provide valuable information. Examples include chapters on the use of thermography, painful metabolic bone disorders, pain in the male genitalia, and a very useful review by Dr Aronoff and Professor Sweet entitled "The future of pain management" in which information on neuropeptides relevant to pain is gathered together. This book is more likely to be useful for occasional reference than for cover-to-cover reading and the heterogeneous material and the considerable unevenness of quality of the chapters detract from the book's overall merits. The production is good and the price reasonable.

GD SCHOTT

Cerebral Dominance. The Biological Foundations. Edited by Norman Geschwind and Albert M Galaburda (Pp 232; £24.35.) London: Harvard University Press 1985.

For the neurologist this is perhaps the most interesting volume on lateralised cerebral function to date. It is not overwhelmed with psychological testing and the orientation is predominantly along biological lines. The book is based on a small symposium, held in 1983, at which invited experts reviewed their work. Half the book concerns brain asymmetry in non-humans, a field unrecognised until very recently and for the academically orientated it is useful to have information from diverse publications brought together. Of more direct interest to the clinical neurologist, however, is the remainder of the book. I would pick out particularly the reviews of human anatomical asymmetries by Galaburda and by LeMay, Kemper's chapter on the structural changes underlying dyslexia and Duffy's team writing upon computerised brain mapping of EEG activity during different mental activities. Finally, there is the intriguingly speculative chapter interrelating sex, immunity and cerebral dominance, by Geschwind and Behan. The message is that some intrauterine influence, possibly testosterone, may delay the development of the left cerebral hemisphere and lead to left handedness or in severe cases even to childhood dyslexia. The same influence, it is proposed, suppresses thymic function to cause the reported increased incidence of autoimmune disorders in left handers. Geschwind's introductory chapter is also a

good read and it is very sad indeed that he should have died, so unexpectedly, as the book was produced. Above all others, he was responsible for the revival of interest in higher cerebral function that has occurred amongst English speaking neurologists around the world in recent years, and he will be sorely missed.

JC MEADOWS

Clinical Pathology of Fibro-Osteo-Cemental Lesions in the Cranio-Facial Jaw Bones. (A new approach to differential diagnosis.) Edited by M Makek. (Pp 230; \$95.25.) Basel: S Karger, 1983.

The classification of "fibro-osteocemental lesions in the cranio-facial and jaw bones" has been a vexed question for many years, and our understanding remains hampered by the limited repertoire of the cells that contribute to the morphology of these lesions. The WHO produced a classification in 1971 and acknowledged that it will almost certainly have to undergo modification as further advances in knowledge take place. Dr Makek is therefore to be congratulated on producing this monograph in an attempt to remedy the deficiencies of the WHO classification.

Although the original is in German, I have not found the English edition difficult to read, and the historical background in particular makes fascinating reading, as there is always the constant danger that in the search for the new we forget the contributions of those who went before us.

Does Dr Makek's contribution make clear to us the muddy waters of this topic? To some extent it does, for he has pointed out the necessity for some clear-cut distinction to be made between the lesions that will behave in an aggressive manner and others which appear to have a limited growth potential and require less radical surgery. Of relevance to the neurosurgeon is the fact that the more aggressive of these entities may involve the fronto-ethmoidal complex and extend into the anterior or middle cranial fossa. In essence Dr Makek suggests that the entity "ossifying-fibroma" should be withdrawn in favour of two new terms "psammous desmo-osteoblastoma" and "trabecular desmo-osteoblastoma" to describe an aggressive neoplasm with a marked tendency to recur despite apparently adequate surgery. He also proposes two new entities "osseous keloid" and "periodontoma" to replace what is usually referred to as an inactive fibrous dysplasia

and a less aggressive "ossifying or cementifying fibroma". I find these proposed new terms less satisfactory. I see no reason for separating "psammous" from "trabecular", I am not clear why the prefix "desmo" is chosen, and I doubt very much if the cell of origin is an osteoblast. The need for a term like "periodontoma" to indicate multiple cytogenic origin denies intermutability of the mesenchymal cell. I am also unconvinced that the periodontal ligament is the site of origin of these lesions. The term "osseous keloid" presupposes that it is the bony equivalent of the skin lesion and would have to be substantiated by a history of trauma. A review, however, is not the place for extended debate of this nature. Dr Makek's contribution suggests that further clarification is possible. I can thoroughly recommend this monograph which is beautifully illustrated to all who have an interest in the subject.

KW LE

The metabolism of the Human Brain Studied with Positron Emission Tomography. Edited by Torgny Greitz, David Ingvar, Lennart Widén (Pp 535; \$116.00.) New York: Raven Press, 1984.

The brain, encased as it is within the skull, is an inaccessible organ. The hand can inspect, the breast palpated, the head auscultated, but the brain remains aloof and silent. The introduction by Ketner of the 1945 of the nitrous oxide method for measuring cerebral blood flow (CBF) was a major break-through. It paved the way for a vast expansion of our knowledge of cerebrovascular physiology. Nevertheless, its usefulness was limited, a limitation which has been largely overcome by the development of positron emission tomography as a means of studying cerebral blood flow and metabolism *in vivo* in man.

The present volume, the work of experts from many disciplines, presents the state of knowledge in the field. New technical developments are given full coverage together with advances in relevant radiochemistry and tracer kinetic models. The application of this technology to the study of CBF and metabolism, protein synthesis and neurotransmitters and receptors is described. This is followed by clinical applications in neurology and psychiatry with particular reference to ischaemic and organic dementia and psychoses.

This is an authoritative work of value not

only to those working in the field but also to those outside who want to know what is going on in this important growth point of neuroscience.

JOHN MARSHALL

Computed Tomography of Congenital Brain Malformations. By Mohammed Sarwar. (Pp 168; \$50.00.) Dordecht: Martinus Nijhoff. St Louis: Warren H Green, 1984.

As the title indicates this volume confines itself strictly to CT diagnosis. A moderate amount of useful information about encephalocranial embryogenesis is collected in an introductory chapter and more is distributed throughout other sections of the book. The largest chapters are those dealing with dysgenesis of the corpus callosum and holoprosencephaly, with descriptions of the Chiari type 2 malformation and Dandy-Walker syndrome being in similar detail. A chapter on the phacomatoses deals most thoroughly with neurofibromatosis and tuberous sclerosis; but then, apart from a 10 page review of hydrocephalus, all other congenital malformations including arachnoid cysts, porencephaly and others, are dismissed in a few lines or paragraphs contained within a relatively short chapter entitled "Miscellaneous."

The presentation is concise and generally quite pleasing. The CT signs are well arranged, and their descriptions in the detailed sections are as complete as any available in print. A combination of CT images, pathological material and occasional line diagrams explain the various points in the text very adequately. However, certain features detract from the presentation which must be mentioned. The most conspicuous is that with very few exceptions, the CT images used are from very early machines. One can accept a few such images to illustrate a particularly uncommon disease or appearance but in a publication of 1985 one does expect "state of the art" images of conditions such as hydrocephalus, callosal dysgenesis, tuberous sclerosis and others which are not rare in specialised units. Also there are several printing errors, some of which are more than minor: there is a piece of text missing on page 7, and captions to illustrations are occasionally misplaced.

I have indicated my reservations about this book. They have concerned the balance of material presented, the quality of the CT images and unfortunate printing

errors. These however are more than counter balanced by the overall clarity and value of the material presented. The printing errors do not seriously detract from informational content, the CT illustrations certainly show what they are intended to show, and those conditions treated so briefly in the concluding chapter carry a considerable amount of useful information. One therefore can recommend with confidence the book to readers of this Journal and particularly to those whose practice frequently involves assessing CT scans in the paediatric age group.

JM STEVENS

Recent Advances in Epilepsy — 2. Edited by Timothy A Pedley & Brian S Meldrum. (Pp 344; £30.00.) Edinburgh: Churchill Livingstone, 1984.

This is the second volume of a series intended to provide authoritative reviews covering a wide range of current problems in epilepsy. The topics are different from those covered in volume 1, which was published in 1983, and it is planned that the first three volumes of the series should form a cumulative textbook of epilepsy.

There are two good reviews of basic mechanisms covering the physiology of focal epilepsy and the energy metabolism during seizures, and there are 11 reviews of clinical aspects. The first of these is a long detailed review of PET, SPECT and NMR-CT scanning in epilepsy. Very little space is given over to SPECT and NMR-CT scanning, since very few studies have been reported so far on epileptic patients. NMR-CT scanning, in particular, is proving of great interest, and will require further review shortly. The next two chapters discuss the difficult questions of when to initiate and when to discontinue anti-convulsant therapy, and offer balanced thoughtful reviews of these debated issues, about which no consensus will occur until more knowledge is available. There is a chapter from California on status epilepticus, which includes an excellent review of its physiological consequences. The discussion of the management of status epilepticus curiously makes no mention of the use of chlormethiazole or clonazepam, drugs which are commonly employed outside the USA. Clonazepam is discussed, however, in an "update" on the benzodiazepines, which also discusses the use of a rectal solution of diazepam in status epilepticus, clobazam in chronic epilepsy and, briefly, the phenomenon of tolerance to these

drugs. A chapter on psychogenic seizures reviews the recent extensive data which has emerged from centres with facilities for long-term EEG monitoring with video. The discussion on the diagnostic use of the EEG, however, makes no mention of the occasional occurrence of complex partial seizures with no change in the scalp recorded EEG. There is a thorough and well written review of the surgical treatment of epilepsy from Augusta, Georgia, USA. The other chapters cover the cognitive effects of antiepileptic drugs, therapeutic monitoring of antiepileptic drugs, neonatal seizures and reflex epilepsy.

In conclusion, this volume can be strongly recommended to anyone with an interest in epilepsy.

RICHARD ROBERTS

The Therapeutic State: Psychiatry in the Mirror of Current Events. By Thomas Szasz. (Pp 360; \$22.95 H/back; \$10.95 P/back.) New York: Prometheus Books, 1984.

This is a collection of Professor Szasz' essays, most of them published over the last ten years. They can be read at two levels: as some sort of satirical fireworks or as a steady search-light, illuminating the pretensions, contradictions and indeed iniquities and degradation which comprise psychiatric theory and practice. At the first level they are moderately stimulating. Professor Szasz's needle is certainly very sharp, but to the point of fragility as he is a solo operator. Bernard Shaw's squibs lit up a band of worthy Fabians. Sydney Smith had many allies. Professor Szasz seems to have only enemies. Some of the funniest essays in the book are Professor Szasz's arguments with the American Civil Liberties Union. This worthy body were attempting to give American citizens more protection against compulsory admission along the lines of our own recent Mental Health Act, but the very fact that they recognised the need for compulsory admission at all was enough for the Professor. To him it was clear the Union was seeking "under the banner of civil liberties, to transform our relatively open society into one that is completely closed, that is into a Therapeutic State".

As a serious critic Professor Szasz does not pass muster. He may be a Professor of Psychiatry but he certainly is not a Professor of Logic. His own excessive use of invective reflects the insecurity of his