concerned with the assessment of genuine stress incontinence and non-surgical and surgical treatment of patients with incontinence.

The book consists of a multi-author production and it is evident that there has been relatively little cross-talk between the various authors. Thus, the terminology used by the clinicians is not strictly comparable with that used by those discussing basic anatomy and quite startlingly different concepts of bladder neck function and dysfunction are presented in different places in the book. This lack of concordance reflects, not so much poor editorial policy, as it does a recognition of the widely opposing views as to how these disorders of function should be interpreted in relation to the basic science. One of the problems in assessing neurogenic bladder disorders remains that the methods of investigation are relatively restricted. Thus, concepts derived from study of patients with weakness of the pelvic floor associated with childbirth-induced denervation, are used to refer to the dysfunctional disorder that occurs in patients with spinal cord and central nervous system disorders. Such concepts are not appropriate in this context, and much work remains to be done.

The book is somewhat limited in its scope, particularly in that the nature of the selective weakness that affects certain pelvic floor muscles in women with genuine stress incontinence is not addressed, and the reader will search in vain for a discussion of faecal incontinence, a disorder commonly associated with urinary incontinence. Although a number of gynaecologists contribute to the book, nowhere is there a clear account of the relation between rectal prolapse, genital prolapse, and urethral prolapse, disorders that themselves deserve discussion under the rubric "Neuro-Urology". The lack of awareness of some of the newer concepts is particularly well illustrated in the chapter on Pharmacological Treatment of Incontinence where it continues to be assumed that drugs that interfere with detrusor function may improve continence, a disorder that is really a matter of the time relationships and strength inter-relationships between contraction of the detrusor muscle and the sphincter muscle. Since the latter consists of both striated and non-striated components it is, perhaps, hardly surprising that conventional remedies are so disappointing.

Despite these conceptual problems, this book is recommended, since it provides a well thought out, if overly conventional and primarily North American view of this subject, seen strictly from the view of the urologist.

MICHAEL SWASH

The Basal Ganglia III. Advances in Behavioral Biology Series Vol. 39. Edited by G BERNARDI, M B CARPENTER, G D CHIARA, M MORELLI AND P STANZIONE. (Pp 775; Price \$139.00.) New York, Plenum Publishing Corp. 1991. ISBN 0 306 43720 1.

The book is based upon the third Triennial Meeting of the International Basal Ganglia Society held in Italy in June 1989. The Society has a very wide membership which includes physiologists, anatomists, pharmacologists and clinicians and the contents of

the book reflect this extensive following. It should be stressed that the book does not pretend to simply present a summary of current developments in basal ganglia disease such as Parkinson's disease, Huntington's chorea, dystonia and the drug-induced dyskinesias but is more of an in depth analysis based upon recent clinical and basic science research.

The text is sensibly divided into several sections which deal with the basal ganglia from various aspects, namely anatomical organisation and chemical neuro-anatomy, physiology, pharmacology, models of basal ganglia pathology and clinical studies. While the scientific papers generally have a very focused interest, most of the sections are supplied with an overview which provides a broader perspective.

The book is relatively expensive. Its primary role is that of a reference work relating to all aspects of basal ganglia developments. For the clinician or basic scientist who has a special interest in movement disorders and basal ganglia structure and function it will provide a very convenient collection of essential reading material.

M A SAMBROOK

Contemporary Issues in Chronic Pain Management. Current Management of Pain Series. Edited by WINSTON C V PARRIS. (Pp 311; Price Dfl255.00, US\$115.00, UK£76.25.) 1991. Dordrecht, Kluwer Academic Publishers Group. ISBN 0 7923 1182 5.

Here must be the ultimate in conference proceedings: a book that includes material for a symposium which either was postponed because of Hurricane Gilbert, or, more likely, appears never to have taken place. The material that had been prepared plus additional reviews from other authors form the topics for this book.

The subjects chosen and the styles of writing vary considerably. One of the best, and undoubtedly one of the contemporary issues of the book's title, is the extremely well-written, comprehensive and up-to-date chapter on capsaicin-type agents by Szolc-sanyi, one of the doyens in the field. There are however two, if not three, further chapters on Substance P and other related neuropeptides, which result in considerable duplication. These subjects are at least topical, whereas others, such as those on nerve blocks, headache, visceral and referred pains, and neurosurgical approaches are pedestrian, add nothing new and are inappropriate in a book with this title. There is an unusual number of contributions dealing with bio-physical aspects of pain, including thermography, low-level laser biomodulation for chronic pain management, and assessment of selective tissue conductance in sympathetically mediated pain. The latter chapter has an interesting historical introduction, and some other chapters also include an historical approach.

Occasional errors creep in; for instance, it is incorrect that phenol may not produce a neuritis (p. 176), Leão of spreading depression fame does not have a 'von' before his name (p.212), but the most remarkable and,

to the reviewer, scandalous sentence in the book appears in a chapter on psychological assessment and treatment of cancer pain. Concerning children, the sentence (p. 276), and particularly the sentiment behind it, "Punishment also can be effective, if correctly used, for reducing pain behaviours, especially when used in conjunction with positive reinforcement for appropriate nonpain behaviours." is an affront to humanity and a disgrace to medicine.

There are interesting parts in this book. However, I doubt that there are enough of them to justify the conference that perhaps was never held, or this expensive book, whose title is more full of promise than I think has been realised.

G D SCHOTT

Positive and Negative Syndromes in Schizophrenia: Assessment and Research Series: Clinical and Experimental Psychiatry Monograph No. 5. By STANLEY R KAY (Pp 281; Price \$54.50) 1991. New York, Raven Press. ISBN 0 87630 608 3

Schizophrenia is a brain disease. That much we know, but its cause still eludes us. When this happens, in psychiatry as in any other branch of medicine, strenuous attempts are made to delineate clinical syndromes in an attempt to bridge the chasm of ignorance. The distinction of "negative" and "positive" symptoms in schizophrenia has been one of the most successful of such attempts in the last few years. This distinction which separates blunting of affect, emotional withdrawal, poverty of speech and cognitive impairment (negative symptoms) from more florid psychotic manifestations such as delusions and hallucinations has its early roots in the theories of Hughlings Jackson. These two syndromes are not mutually exclusive, and although negative symptoms appear to be more closely related to the presence of demonstrable brain damage and to carry a worse prognosis, the clinical picture is not immutable and these associations are often weak.

The diagnosis of schizophrenia remains exclusively clinical and many attempts have been made to devise reliable methods to elicit and classify phenomenology, in some cases with the specific purpose of separating positive and negative symptoms. This book puts together, posthumously, the research carried out by Stanley R. Kay in this field. The book centres around the design of the PANSS (Positive and Negative symptoms scale) and the SCI-PANSS (Structured interview to elicit these symptoms) and reviews the various instruments that have preceded them. The second part of the book describes some of the studies performed by various workers using these instruments trying to relate the syndromes to other clinical, imaging and pharmacological parameters. Ten years of painstaking work into this small field is carefully displayed and the claims Kay makes about the virtues of his instruments do not appear extravagant. This is nevertheless a book for the devoted connoisseur with limited appeal for the general readership.

MARIA RON