sufficiently bizarre characteristics to suggest a diagnosis of pseudoseizure, until further investigation proves the truly epileptic nature of the attacks. Although tonic-clonic and temporal lobe seizures both elevate serum prolactin levels, the same is not necessarily true of extra-temporal attacks. Most important is to think of the diagnosis in the first place. All too often true epilepsy and what are apparently pseudoseizures exist side by side. The gold standard for diagnosis remains video recordings of the attacks with simultaneous electroencephalographic recording. Just how far investigation should go is perhaps a matter of opinion, but one chapter describes long-term subdural recording in twelve patients thought to have pseudoseizures but about whom real diagnostic difficulty remained, and of these half were found to have true epileptic attacks.

The length but not the value of the book is increased by chapters attempting to analyse the psychological or psychiatric background on which pseudoseizures arise. It is probably too artificial (although neither the editors nor the chapter authors recognise this possibility) to attempt to impose any common psychodynamic theory upon what is likely just to be a final common path of showing distress. It should be more widely recognised that behaviours which simulate apparent organic disease reflect the current expectations of the health professionals of the time. The reason that we do not now see the gross hysterical manifestations described by Charcot is that such behaviour is no longer reinforced by medical attention. Perhaps pseudoseizures will follow the same path to near-extinction.

ANTHONY HOPKINS

Handbook of Cerebrovascular Disease (Neurological Disease & Therapy Series /17). Edited by HAROLD P ADAMS, JR. (Pp 702 Illustrated; Price \$195.00.) 1993. New York, Marcel Dekker, Inc. ISBN 0-8247-8820-6.

The authors (46 in total with 10 from Europe) were "invited to update...several (30) stroke-related topics" and the result is a book of some 728 pages which is aimed at "physicians in training and physicians in practice". In UK terms I would judge it to be at the level of post-Membership physicians. Although a dwindling number of nihilists continue to believe that nothing much changes in the field of cerebrovascular medicine, evidence of the impact of recent clinical trials and technological innovation is found throughout the book. As is almost universal the delay between writing and publication means that there will always be a few areas which already seem rather dated. Having said that, many of the chapters provide excellent background reference lists up to 1991/1992 and I have already found it a useful book to dip into on several occasions.

The choice of subjects is predictable—they are the ones that usually feature at plenary lectures at most cerebrovascular conferences—young stroke, migraine, the heart and stroke, carotid surgery, acute management and secondary prevention etc. plus a smattering of "cutting edge" topics such as fibrinolysis, neuro-protection and interventional radiology. The emphasis is certainly on diagnosis and management in

the first few weeks with longer term rehabilitative issues being dealt with in the last 10% of the book. Clinical issues are not neglected in favour of the technological ones—in particular I would pick out the excellent chapters on the Clinical Diagnosis of TIA and Medical Management of Subarachnoid Haemorrhage. The "update" format has allowed some authors to take an overview of their subject and attempt to explain the relevance of sometimes conflicting research results to everyday practice. I would single out the chapter on haematological abnormalities in stroke as an excellent example.

One of the most striking (and positive) things about this book is the increasing awareness of the need for practice to be shaped by high quality clinical trials rather than personal anecdote. Areas where such information is sadly lacking (such as the place of intracerebral haematoma evacuation) are now beginning to stick out like sore thumbs. The price is likely to dictate that this book will be found on departmental library shelves rather than in personal collections.

JOHN BAMFORD

Clinical Autonomic Disorders: Evaluation and Management. Edited by PHILLIP A LOW. (Pp 800; Price £120.) 1992. A Little, Brown Medical title Edinburgh, Churchill Livingstone (UK Distrib). ISBN 0-316-53390-4.

With the exception of the problems of syncope and postural hypotension associated with Parkinsonian syndromes, the problems of autonomic dysfunction do not generally figure large in the clinical practice of most neurologists in the UK. All the more reason perhaps to have to hand a substantial work of reference and scholarship such as this book, edited by an acknowledged world authority on such disorders. The authorship is chiefly North American, with some notable contributions from Europe and Scandinavia, most of the authors being practising clinicians rather than basic scientists.

The book surveys in detail available autonomic function tests, with particular emphasis on non-invasive testing, and provides an analysis of the value and limitations of such tests together with an understanding of their basic mechanisms. It is divided into sections on the scientific basis, (anatomy and physiology of the autonomic nervous system), clinical and laboratory evaluation of autonomic function, and a final section on clinical dysautonomias and disorders involving autonomic abnormalities. Each chapter is prefaced by a summary of key "take home" messages which can be read quickly, assimilated and used as background for understanding the graphs and diagrams in each chapter. Unfortunately, no section on embryological development, which could help in understanding the organisation of the ANS, is included. The diagrams are clear and comprehensive.

The complex cybernetics of urinary bladder regulation are well described by Bradley, who also describes the neural control of human sexual function and makes the important medicolegal point that intrinsic brain lesions very rarely affect potency.

The second section of the book dealing with clinical evaluation of the autonomic

nervous system emphasises the importance of pattern recognition in diagnosis.

Subsequent chapters in this section deal with the wide variety of laboratory tests of autonomic function.

The final section deals with specific diseases causing autonomic dysfunction. A provocative chapter by Rabinow examines the evidence that diabetic neuropathy, and associated autonomic neuropathy, may have an auto-immune pathogenesis. Another thought provoking chapter by Ochoa and Verdugo throws severe doubt on the concept that reflex sympathetic dystrophy is mediated by the sympathetic nervous system, and concludes that the traditional treatment of the syndrome by chemical or surgical sympathectomy is unfounded.

The section by Bannister on multiple system atrophy and pure autonomic failure is of exemplary clarity and provides useful therapeutic suggestions. Curiously, the chapter outlining the treatment of postural hypotension, relevant to this section is placed close to the end of the book.

In syncope even after extensive examination, a diagnosis is established in only half of all cases, and the treatment remains unsatisfactory.

The standard of chapters is uniformly high, and the book is very well presented and for its size, moderately priced.

R LANE

Chronic Fatigue Syndrome. Edited by D M DAWSON and T D SABIN (Pp 218; Price: £54.50 H/bk). 1993. A Little, Brown Medical Title UK Distrib: Edinburgh, Churchill Livingstone. ISBN 0-316-17748-2.

This book provides a readable, comprehensive, and well referenced review of the Chronic Fatigue Syndrome. It is edited from Harvard and Boston. Most of the 22 contributors are from North America with sections on virology and muscle histology from Glasgow. The chapter on psychiatry is the longest. It concludes that much of the psychiatric disorder is secondary while pointing out the lack of reports of premonitory state and admitting the enormous impact of psychological factors. The Glasgow workers report mitochondrial aggregations in muscle and postulate that this may explain fatigue. This highlights the central problem in relation to the medical model: alterations in immune responses, electromyographic, PET and histological changes found in a proportion of the patients may have little relationship to the dominant symptom.

The history and epidemiology are well covered and mechanisms of fatigue are discussed. Related conditions such as Lyme disease are described.

In a final chapter the editors summarise the findings and speculate on pathogenesis. The list of drugs known to cause fatigue covers more than three pages. The laboratory tests recommended are mainly concerned with exclusion of related diseases by serological tests.

Little emerges about management apart from treatment of secondary depression. Acyclovir and immunosuppression have not survived controlled trials but other treatments such as unsaturated fatty acids require further study.

This critical account of investigations