ily” illustrated text, highly priced.
I recommend a copy for the Neurosurgical Library.

DAVID HARDY


Clinically, and as a problem in biology, the neurofibromatoses represent something of an adventure playground for clinical scientists. The impact which these diseases make on the lives of affected individuals and their families calls for all the practical and pastoral skills on which clinical medicine is based.

Several candidates, other than von Recklinghausen, claim priority for description of the NFs. The most recent is the unknown sculptor of a Hellenistic votive offering, catalogued in 1921, but not since then. Much has happened since. Molecular geneticists know about the neurofibromin locus on 17q11-2 and the fragment of 22p12-1 which encodes the NF2 gene and cell biologists have shown that defects in tumour suppressor genes lead to uncontrolled Schwann cell proliferation. The differential diagnostician can sharpen up on the eponymously challenging syndromes of McCune-Albright, Dercum, Bannayan-Riley-Ruvalcaba, Klippel-Trenaunay-Weber, Maffucci, Bannayan-Zonana, Jaffe-Campanacci and Aarskog and for the unwary, the spots of NF1 may turn out to be a LÉOPARD. Even if the frequency of tumours affecting the central or peripheral nervous system in the NFs has been exaggerated, their diversity has not and for the neuropathologist there are tumours galore—dermal, nodular and plexiform neurofibromas; neurofibrosarcomas, Schwannomas, cafe au lait macules, Lisch nodules, astrocytomas, meningiomas and hamartomas. On the topic of macrocephaly, heads may swell even more at the news that Lock’s of London now stock larger hat sizes than in the days when Admiral Lord Nelson had his 57 cm cranium hatted out for the battle of Trafalgar. The most celebrated patient not to have neurofibromatosis was Joseph Merrick. The editors have here arranged an intellectual exhumation of his remains, and preference is given to the diagnosis of Proteus syndrome, named after the old man of the (Aegean) sea who was given the power to change his shape at will. Sadly, those bits of Merrick which might have allowed modern molecular genetics to settle the issue of diagnosis were destroyed after dry rot infested the pathology museum at the London Hospital in the 1940s.

Although The Neurofibromatoses. A pathogenetic and clinical overview is the product of 25 pens, the editors have produced a text which maintains an easy narrative; Susan Huson and Richard Hughes bring to their subject breadth of knowledge, common sense and infectious enthusiasm, drawing on considerable experience of the neurofibromatoses in all their clinical, social and psychological manifestations. The right topics are selected and the quality of reproduction for radiographs, clinical photographs and the few colour illustrations is uniformly (and unusually) high. In The Neurofibromatoses. A pathogenetic and clinical overview, Susan Huson and Richard Hughes have presented a scholarly and coherent account of one of medicine’s most fascinating problems; it is an important book.

ALASTAIR COMPSTON


Many practising neurologists in the United Kingdom still claim that little exposure to AIDS in their clinical practice. However, this subject has become a major topic at most International Neurological Conferences. AIDS must be considered in the differential diagnosis of disease at all levels of the neuroaxis and may be considered as the modern “great mimic”.

This compact book in five chapters and 236 pages covers clinical neurology of AIDS, diagnostic imaging, neuropathology and clinical and pathological oculcar features.

The three editors of this volume, from the Auguste-Viktoria-Kranhankenhouse, produced the extensive third chapter on the neuropathology.

As a clinical neurologist I was interested in the initial chapter of fifteen pages which covers the statistics of neurological involvement in AIDS. Although short, it is well laid out with useful tables, which will make helpful teaching slides. The therapy of the complications of AIDS covered and the chapter is supported by more than one hundred and fifty references.

The second chapter involving the diagnostic imaging of intracranial manifestation of AIDS is clearly laid out. It considers radiological features of all the manifestation of AIDS and its complication. It is well illustrated by good figures, some showing serial changes in the evolution of AIDS in the nervous system. This chapter is also supported by in excess of four hundred and sixty references.

The centre of the book is dominated by an extensive chapter on the neuropathology of AIDS, which is covered in one hundred and seven pages. The text is punctuated by very useful tables. The introduction covers practical problems of collecting specimens from AIDS autopsies. The introduction and, indeed the chapter as a whole, emphasizes one of the opening statements that “the neuropathological finding in AIDS autopsies reveal a very broad spectrum of findings”. These refer to the classical neuropathological features of disease, as well as the special AIDS-associated changes. The chapter takes us through HIV, encephalitis and leukoencephalopathy, the opportunistic infections and the CNS tumours. Again the chapter is well supported by more than six hundred references. The final two chapters cover the clinical ophthalmology of AIDS. This is enhanced by good illustration. I think it would be helpful if the retinal pictures could be in colour, though I suspect that this will add excessively to the cost of the volume.

This book is consistent in its style, well laid out, provides clear script and a good bibliography. It lies between a book to read and a reference book. It is clear from the literature that the bibliography on AIDS is changing rapidly, however, this volume presents a comprehensive selection of references up until 1993. The production of the volume is good quality. I think many will find the price of 283 DM somewhat excessive, but I would recommend Vol. 3.

LESILIE FINDLEY


Paediatric epileptologists have a difficult time. About 75% of patients with epilepsy start have their seizure disorders before the age of 16. Seizures are more common in the first month of life than at any other time. In children seizure types change with age and so do the underlying causes for the seizure.

The classification of seizures and epilepsy syndromes changes with the years and it now seems increasingly important to identify the syndromes accurately—some of them (eg, benign familial neonatal convulsions) may be the result of a single gene defect. Life becomes more complicated.

Perhaps adult epileptologists have a more difficult time. They may have to deal with the medical, psychological and social consequences of seizure disorders and syndromes that have started in childhood. Are paediatricians inventing these complicated stories to keep themselves occupied? The best way to find out is to read a good book on the subject. Aicardi’s book may be the best one to get. Professor Jean Aicardi is the ideal man to write a text book about epilepsy. He has extensive clinical experience, he has an encyclopedic knowledge of literature, he is intellectually rigorous and he produces better written English than most of us. His book is a good length—about 530 pages—and it is packed with information. The text is lucid despite its density.

The book is divided into 4 parts. The first is general and deals with definitions and the classification of epileptic seizures and syndromes. The second describes the major types of epileptic seizure in childhood and the corresponding epileptic syndromes; this takes the reader from infantile spasms to the Landau-Kleffner syndrome via the Lennox-Gastaut syndrome and others. The third deals with clinically important seizure problems in children—neonatal seizures, febrile convulsions, status epilepticus etc. Finally there is a discussion of aspects of diagnosis, prognosis and treatment. Each chapter is a distillation of much research and clinical experience and the author provides both clinical cases before 18 years and sensible advice. The references occupy 100 pages at the end of the book and there are 2552 in all. References relating to a particular subject have to be winkled out of this list with some effort.

Although there are many areas of neurology where disease classification is in its infancy, syndromes attributable to mitochondrial abnormalities are the most neonatal in this regard. This book aims, and largely succeeds, in assimilating a huge volume of data which tries to correlate biochemical, clinical and molecular defects. From migraine to myopathy and mitochondrial neurogastroenteropathy to Parkinson's disease there are few areas for which a mitochondriology has not been sought, and even fewer to which an acronym has not been assigned. MEOP, MNGIE, MiMyCa and NARP are perhaps less well known than LHON, MERFF and MELAS to name but a few. The inescapable bottom line is well pointed out by Lewis Rowland in his excellent chapter which attempts to synthesise the field: the same mutation can cause a varied phenotype and yet the same phenotype may be associated with a variety of mitochondrial DNA abnormalities.

In seeking to approach this problem from different angles there is inevitably a degree of repetition. Some of the chapters are more useful to molecular biologists and neurochemists within the field and yet there is much here for the interested clinician. However, whilst occasional photographs of gels may illustrate points, the absence of a single ragged red fibre is rather an oversight. Perhaps we have all seen enough of these beasts but a chapter on the pathology of mitochondrial disease would have been useful. Having said this, there are some excellent diagrams and tables which sum-up current research and allow the non-molecular biologist to understand some of the intricacies of these difficult but important disorders. Overall this is a unique and invaluable reference book for all those interested in mitochondrial diseases.

John Zajicek


After decades of neglect, the last twenty years has seen a blossoming of interest in dementia and principally in Alzheimer's disease. Excellent though the late Professor C E Wells book on dementia is, the recent rapid advances in research methodology, principally in molecular biology and in imaging techniques, mean that a replacement is timely. The editors (two academic psychiatrist/clinicians) "aim to encompass in a single volume, all aspects of all types of dementia", a Herculean task. They admit that they could not hope to succeed in such an aim and have therefore concentrated on "providing a solid core of information which is likely to remain part of the main stream view of the field." Let us see if they have achieved this aim.

The book is divided into two main sections, dementia with the Alzheimer type and non-Alzheimer dementia. Considering the large number of authors, there is little repetition. There are some excellent sections in the Alzheimer section and I would recommend the overview by Absher and Cumming on cognitive and non-cognitive aspects of dementia. The chapters on cholinergergic and non-cholinergergic neurotransmitter systems as well as the careful and detailed accounts on the molecular pathobiology of Alzheimer's disease are excellent. The chapters on the assessment of memory failure and dementia are thorough and well referenced but the section on imaging is disappointing. The chapters on computed tomography and neurophysiology exemplify the dictum that experts should write on their own subject.

However, the first two-thirds of the book, the section on Alzheimer's disease, deals only with the elderly patient. Alzheimer's original patient was 51 and this is acknowledged but then the younger demented patient is ignored. This is particularly true in the section on services. The chapter on services in the U.K. does not mention the younger patient nor does it mention the services provided by voluntary organisations and it does not reflect the situation in the U.K. as I know it.

The last third of the book describes the non-Alzheimer dementias. There is a lucid account of vascular dementia by O'Brien and a chapter on pathology of vascular dementia by Brun. He regardsBinswanger's disease as identical with état lacunaire, a concept with which many British neurologists would disagree. Towards the end of the book, almost as an appendage, are chapters on unusual causes of dementia. These are the chapters of most interest to neurologists. Perhaps in a later edition these chapters together with the excellent chapter on prion diseases could be expanded and placed earlier in the book. As it stands, the balance seems wrong, too little attention is given to younger patients and to non-Alzheimer causes of dementia and yet it is these patients who deserve accurate diagnoses and for whom a different management might be appropriate. The indexing and proof reading is careless—look up the nomenclature of Binswanger's disease and you would be directed to Page 624, which is blank.

So have the authors succeeded in their aim? For geriatricians and psychogeriatricians this book will become the standard reference book. For neurologists however, this book has serious flaws and does not achieve its potential. Perhaps it will if there is a second edition.

John Greene


The neuropsychiatry distinction is being rendered obsolete by strides advances in neuroscience. Basic neuroscience and clinical neurology have much to offer each other, and this book, written by distinguished neuroscientists and clinicians, aims to increase cross-fertilisation.

The broad areas of study are the dementias, motor disorders, epilepsy and the psychoses. Within these areas, all of the major diseases are covered. Each main disease has a chapter in which neurosciences and clinical aspects are seamlessly integrated. Chapters follow the same overall structure of clinical features, pathology, investigation and treatment. Pathological and imaging illustrations are of high quality, while the accompanying text is a distillate of current thought, clearly explained for those new to the area.

It is difficult to fault the book. If pushed to do so, there is little regarding the role of neuropathology in diagnosis and disease staging. The reference section is also somewhat brief. Advances, such as the role of superoxide dismutase in motor neurone disease, and the trinucleotide repeat sequences in the diagnosis of Huntington's disease, have occurred too recently for inclusion.

The book is likely to succeed in its aim of breaking down boundaries between neurology and psychiatry, and between clinical and basic neuroscience. Its main value lies in introducing the clinician and neuroscientist to the other's discipline.

Chris Verity

CORRECTION

Anderson M. Management of cerebral infection. J Neurol Neurosurg Psychiatry 1993;56:1243–1258 (neurological emergency). The dosage of dexamethasone should be 0.15 mg/kg body weight every six hours for four days.