encephalitis immunoglobulin is given either before or within four days after the tick bite.[2] Immunoglobulin given after more than four days has been shown to delay the antibody response by means of feedback inhibition and worsens the clinical course, especially in children.[7] We cannot offer a definite explanation for the severe course of disease in our patient. It may be the unfortunate combination of a failure to react to the immunoglobulins and the development of a severe course of disease after a single exposure. It may also be possible that the patient was unknowingly exposed to additional tick bites days before the passive immunisation, thereby making it useless.

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NOTICE

Announcement from the British Neuropsychiatry Association: 1996 summer meeting

The 1996 Summer meeting will be held on 14–16 July at Robinson College, Cambridge. It will include topics on neurodevelopment, language, and the presentation of short scientific papers and single case videos by members. The Association's AGM will be held on 16 July.

For further details of these meetings please contact: Sue Garratt, Administrative Assistant, BNPA, 17 Clocktower Mews, London N1 7BB. Telephone/Fax: 0171 226 5949.

For details of membership of the BNPA, which is open to medical practitioners in psychiatry, neurology, and related clinical neurosciences, please contact: Dr Jonathan Bird, Secretary BNPA, Burden Neurological Hospital, Stoke Lane, Stapleton, Bristol, BS16 1QT. Telephone: 01179 701212 ext 2925/2929 or Sue Garratt at the address given above.

CORRECTION

Migraine *J Neurol Neurosurg Psychiatry* 1996;**60**:338;1996;**60**:448. These two listed publications were inadvertently not attributed. They were written by Dr E M R Critchley, affiliation as given in the third in the series, this volume (1996;**60**:584).

BOOK REVIEWS

All titles reviewed here are available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the United Kingdom and for members of the British Forces Overseas, but overseas customers should add £2 per item for postage and packing. Payment can be made by cheque in sterling drawn on a United Kingdom bank, or by credit card (Mastercard, Visa or American Express) stating card number, expiry date, and your full name.

Motor Neuron Disease. Biology and Management. Edited by PN LEIGH and M SWASH. (Pp 468). Published by Springer-Verlag, London 1995. ISBN 3-540-19685-4/0-387-19685-4.

"Inevitably the disease progresses, but one must never give in too quickly, neither the sufferer nor the helper, who must always be quick with encouragement since success breeds success" (p454). So writes the wife of a patient with motor neuron disease (MND) at the end of this book dedicated to his disease. A moving account that not only relays what the disease means at the personal level to both the patient and family but also serves as an encouragement to those involved in the research and management of this most feared of neurological diseases. This fear for many years reflected our ignorance, but MND is now currently yielding some of its secrets with the advent of modern molecular genetics and families of neurotrophic factors. This book therefore appears at an appropriate time.

This book primarily concentrates on the pathology, pathogenesis and treatment of MND, and covers the ground well, if somewhat repetitively at times—for example, inclusion body pathology is discussed in chapters 4, 5 and 7 at least! However, in a field that is currently moving at speed, the book can clearly be seen to be dated, irrespective of the obvious comments in the text (for example, p230 "Since this chapter was first submitted for publication in 1989, . . ."). It is therefore not surprising that some topics are already in need of revision including: discussion of the SMA gene; the role of glial cell-line derived neurotrophic factor (GDNF) in motor neuron survival; the results of clinical trials using neurotrophic factors in MND; the significance of anti-GM1 antibodies in MND and motor neuropathies and the future of riluzole therapy, to name but some recent developments.

The updating of chapters with some of this new information has been tackled by some authors, by the tagging on of relevant information. This sadly fails to work in the majority of cases as the overall discussion of the chapter does not necessarily fit naturally with the new points raised by recent research. A better approach to try and tackle this delay in conception of the book to publication may have been to include an epilogue detailing recent developments as well as providing an introduction outlining the developmental history of motor neurons and their organisation into central motor pathways. This latter topic is taken up in chapters 4 and 13, but an account earlier on would have put discussion in later chapters of the book into a clearer context. Furthermore chapter 13 on the somatic motor neurons and descending motor pathways (a 72 page chapter), seemed out of place in its discussion and attention to neuroanatomical detail in a book that has as its main topic a diffuse neurodegenerative process. Indeed, the individual biases of authors is always difficult to accommodate in multi author books, so, for example, in the chapter on theories of causation, Appel *et al* emphasise the evidence for an auto immune basis to MND. This in itself is not a bad thing but does rather detract from other possible pathogenic processes, and may unduly distort the field to the reader who simply reads this chapter in isolation.

Overall the book represents an impressive body of work relating to MND, but chapters on the cognitive deficits in this condition and the role of anti-GM1 antibodies in distinguishing MND and multifocal motor neuropathy with conduction block would have been welcome. However, the chapters are extremely well referenced, and issues are dealt with that are often skipped over by books of this type—for example, the chapters on the management of MND and the concluding chapter from the spouse of a patient with MND being notable examples. It is therefore a book which serves to summarise a complex and evolving field, and although that summary is somewhat dated it is not without relevance and importance to the neurologist's current management of this disease.

ROGER BARKER

Clinical Neurology. Third Edition. Edited by MICHAEL J AMINOFF, DAVID A GREENBERG and ROGER P SIMON. (Pp 344; $34.95). Published by Appleton & Lange, Connecticut 1995. ISBN 0-8385-1383-2.

This text book has 344 pages of fairly small print, which is well laid out and beautifully illustrated. It also contains a large amount of information in tabulated form. The material is set out in 12 chapters covering the common neurological syndromes and investigations.

This book is comprehensive in its approach. This may appeal to some of its intended readers . . . medical students, house officers and non-neurologist practitioners. For others, its detailed, all-embracing comprehensiveness may impede comprehension. In general this group of readers requires more help in the identification of common, important, day-to-day neurology, from the large mass of rarer conditions which are the responsibility of the neurological specialist. The textbook may attract young neurologists in the early stages of their training.

IAIN WILKINSON