Brain Receptor Methodologies. Part A General Methods and Concepts, Amines and Acetylcholine. Part B Amino Acids, Peptides, Psychoactive Drugs Editors: Paul J Marangos, Iain C Campbell and Robert M Cohen (Part A, Pp 363; £39.50.) (Part B, Pp 336; £31.50.) Florida: Academic Press Inc, 1984.

A major discovery in understanding the nature of neurotransmitter receptors in brain was the finding that they could be identified *in vitro* using radioactive ligands, that is drugs or transmitter substances showing a high affinity for specific receptor populations. Once established, such techniques have allowed the mapping of neurotransmitter receptors throughout brain, the identification of their localisation within a given brain area and quantification of changes occurring in receptor population as a result of pharmacological manipulation. Subsequently, it has been shown that ligand binding techniques can be used not only in membrane preparations of brain tissue but they may be utilised to label receptor populations in slice preparations as identified autoradiographically and also the peripheral administration of radioactive ligands can be used to identify neuronal receptors *in vivo*.

As with all such techniques, methodology is a critical issue. The conditions under which ligand binding experiments are carried out has a significant influence on the nature of the receptor population identified. Many of the apparent discrepancies on receptor identification in the literature are due to differences in methodology. Ligand binding experiments are readily carried out but difficult to interpret. For these reasons it is timely that these two volumes on brain receptor methodology should appear. They contain up-to-date critiques of the means of identifying a range of neurotransmitter receptors including catecholamines, acetylcholine, GABA, glutamate and peptides. The various chapters cover *in vitro*, *in vivo*, autoradiographic and photoaffinity labelling techniques and deal with both membrane and soluble preparations. Space is also given to the critical issue of interpretation of data. Since receptors themselves do not produce changes in neuronal activity a section is devoted to the effector system believed to be linked to neurotransmitter receptors.

Overall, these are two excellent volumes which should be kept in all laboratories utilising receptor binding studies. Clearly their content is intended to be general in

approach and so provide a broad background of information to pharmacologists and biochemists. All the chapters make excellent reading although there is some overlap in, for example, the contribution on dopamine receptors and that on neuroleptic receptors which appear in different volumes. A pair of volumes to be recommended.

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Current Therapy in Neurologic Disease 1985-1986. Edited by Richard T Johnson. (Pp 424; £46.00.) Oxford: Blackwell Scientific Publications, 1985.

Anyone attempting a comprehensive book on therapeutics faces a frustrating and daunting task. So much is the victim of whim and fashion, and so many drugs are of ephemeral utility. To support any statement containing advice about a particular regime, the author should include references to suitably reliable trials; but in a detailed account for example of multiple sclerosis, so compendious would be the reference material that the description is liable to be both fragmented and tedious.

Richard Johnson has secured the help of some of the very best names in neurology, mainly from North America. Their range of specialist expertise is impressive indeed, and this is brought out in the minute detail and the clinical precision in their writings. The aim throughout is to answer practical questions for those involved with the neurologically sick. The contributors have been asked to write about their personal method of handling the problems of management. To what extent have they succeeded?

The subject coverage is comprehensive, embracing the majority of neurological and neurosurgical disorders as well as paediatric and psychiatric issues where relevant. In 408 pages it is surprising how little has escaped attention. However, as is inevitable with a multiauthor work, the standard is like the curate's egg—good in parts. And, like the junior curate, originally portrayed in Punch magazine, it has to confront the neurological equivalent of the bishop at his own breakfast table. It is invidious to pick out individual chapters, but some provide too much information about diagnostic methods for a book devoted to therapy; some are too vague to provide incisive advice.

Investigations recommended are often overdone—at least by British standards.

There are significant differences from practice on this side of the Atlantic in many spheres, but in some of these, we may learn from current US methods. It may be sound to routinely give vitamin D and calcium supplements to the over 50's on steroids. I was impressed by the thoughtful "algorithm" (dreadful word) for benign intracranial hypertension, and interested to see the claims for acetazolamide in doses of 2 to 4 g/d given at a stage when many here would start steroids. But is it wise, or kind, to use positive-pressure respirators in the homes of "more patients than ever" with motor neuron disease? And, is it correct to advise corticosteroids for cranial arteritis for "usually 6 months to 1 year prior to attempts to taper . . ."?

The sections on the common disorders, epilepsy, multiple sclerosis, pain syndromes are invaluable; that on atypical facial pain differs considerably from the orthodox, carbamazepine being the premier choice backed up by a polypharmaceutical recipe which would have impressed my father, before the war! Neurosurgical contributions are of a high standard.

One of the most impressive features of many chapters is the carefully prepared instructive tables showing detailed criteria for diagnoses and indications for therapy, with useful and not too complicated algorithms, classifications and drug regimes. These contain a wealth of up-to-the-minute data, often difficult to find easily elsewhere. The book is pleasingly produced and clearly printed, but the index is awful! I could not find cranial arteritis, tardive dyskinesia or hypoglycaemia, yet they are dealt with, albeit briefly, in the text if the reader is patient.

Despite these shortcomings, which with certain unnecessary repetitions between sections should have been corrected by the editor, this is a very useful compilation. Its lack of references is not a drawback, for they would very soon have been out of date in this sort of topical and changing field of therapeutics. It should not be used by initiates without supervision, because, as was the intention, its advice is often contentious; and all the more interesting for that. It will reside in my hospital office, adjacent to the ward, and I am sure it will be in frequent use. A most welcome addition to the justly respected Current Therapy Series.

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