white matter involvement, and spongiform encephalopathy preceded by chronic progressive cerebellar ataxia, resembling the Gerstmann-Sträussler syndrome. The book concludes with a useful catalogue of necropsy verified cases in Japan. Creutzfeldt-Jakob disease is very rare but, for obvious reasons, has attracted disproportionate attention and this book is a significant addition to knowledge.

It is unfortunate that the lavish publication is marred by English that is frequently ungrammatical and occasionally baffling, faults that could easily have been eliminated.

WB MATTHEWS

How to Examine the Nervous System. 2nd Ed. By R T Ross. (Pp 265; \$20.00.) New York: Medical Examination Publishing Co/Elsevier Science Publishing Co, 1985.

This work comes from the University of Manitoba and is designed to teach students and doctors how to examine the nervous system. It succeeds admirably. It also describes a number of neurological conditions characterised by specific signs and offers some help with differential diagnosis.

The simple explanations are clear and easy to follow and the actual descriptions of how to examine are printed in capitals. Some useful diagrams are given but better use could be made of more illustrations. These would have been helpful in showing the territories of peripheral nerves and roots, and in the speech areas of the brain—these last are given in the texts as numbered Brodmann's areas.

The first 109 pages, out of a total of 265, are concerned with the visual system. Many topics are well covered here and all doctors would benefit from reading these pages, particularly the sections on loss of vision, conjugate gaze palsies, eye movements and diplopia. The section on pupillary testing would have benefited from more details about the uses of pharmacological testing.

The sections on testing the remaining cranial nerves, the upper and lower limbs, reflexes, gait, sensation, the cerebellum and cortico-spinal tract cover familiar ground. They are sound and contain useful details. The pictures in *Aids to the Examination of the Peripheral Nervous System* from the MRC are superior to those found in the chapters on muscle testing in the limbs. Higher cortical function testing was rather sketchily covered. There was no discussion

of autonomic disturbances and this may reflect the omission of the anal reflex.

Despite these criticisms this is a most useful work, published as a paperback, which I can recommend to the student and doctors at all levels. I have to admit to a personal preference for Bickerstaff's *Neurological Examination in Clinical Practice* but Professor Ross's chapters on the visual system are better.

T FOWLER

Dyskinesia: Research and Treatment. (Psychopharmacology/Supplementum 2.) Edited by DE Casey, TN Chase, AV Christensen and J Gerlach. (Pp 235; DM 98-00 Reduced price for subscribers to "Psychopharmacology" DM 78-40.) Heidelberg: Springer Verlag, 1985.

Psychiatrists working at the Sct Hans Hospital in Roskilde, have contributed considerably to our recognition and understanding of neuroleptic-induced dyskinesias, and rather as in badminton, the Danes remain a force to be reckoned with in the international biological psychiatry arena. Gerlach, one of the co-editors of this book and Fog, a contributor are both on the staff of Sct Hans, and Casey another co-editor spent several sabbatical periods there. *Dyskinesia: Research and Treatment* is a compilation of all 26 presentations given at a small meeting held in Kollokulle on the outskirts of Copenhagen last year.

Tardive dyskinesia is exhaustively covered, there is a brief review of the treatment of dystonia, and a provocative account by Yves Agid on the pathophysiology of levodopa induced dyskinesias thrown in for good measure. The preclinical chapters on dopamine receptors by Seeman, Hyttel, Ungerstedt and Carlsson provide an excellent refresher for clinical readers and the rodent and monkey paradigms are fully reviewed. Clinical polarities are impartially covered from the extreme Northwick Park view that tardive dyskinesia is caused by schizophrenia rather than neuroleptics to the more conventional dogma represented by Kane that abnormal involuntary movements are three times more prevalent in neuroleptic-treated patients than aged matched controls. In fact it now seems likely that there is an element of accuracy in both notions and that antipsychotic drugs unmask cryptic dyskinesias in patients possibly with underlying structural basal ganglia

damage and that re-compensation after their discontinuation may not be possible. Certainly the single indisputable clinical observation that increasing age predisposes both the occurrence and potential irreversibility of tardive dyskinesia would marry with this view.

This is a superb book, carefully edited, well-written and up-to-date. Even those shell-shocked overburdened international travelling authorities have to a man dug up something novel and stimulating for this volume.

I can only try and explain the book's success by the careful selection of the contributors and perhaps the timing as new ideas have been thin on the ground of late. All those interested in tardive dyskinesias, even in the United States, should clutch this book to their chests during 1986.

ANDREW LEE

Principles of Neurology. 3rd ed. By Raymond Adams and Maurice Victor. (Pp 1150; £65-00.) Maidenhead: McGraw-Hill Book Company, 1985.

The third edition of Victor & Adams' *Principles of Neurology* appears to fulfil the textbook writer's dream: it contains something for everyone. For the clinical neurologist there is an up-to-date account in very readable style of the current state of the art in a range of topics extending from developmental neurology to the neurology of the ageing. For the general physician and medical student in provides a model of how neurologists should think. In addition many sections are prefaced by a stimulating discussion of current research problems in physiology, anatomy or chemistry as they pertain to that particular topic.

The authors have adopted a structure for the book which is quite unlike any textbook known to the reviewer. The result vindicates their method triumphantly. It starts with a description of how one thinks about neurological disease and diagnosis; then goes on to a detailed description of the symptoms and signs of neurological disease together with what is known currently of the anatomical, physiological, and chemical basis underlying these symptoms and signs. This is then followed by a section on the various radiological and physiological tests which assist in diagnosis and the underlying principles thereof. After this, there is a description of the various syndromes of which the symptoms form a part: disorders of movement disorders of consciousness and so on. Only