Book reviews

dopamine is trapped in the normal striatum, and is diminished (particularly in the putamen) in Parkinsonian patients. Langston and others expand the MPTP story. The toxicity of its metabolic breakdown products MPP⁺ is emphasised with the possibility of preventing the onset or retarding the progress of the disease by early and continued use of MAO type B inhibitors. Marsden *et al* show that intravenous dopamine agonists reverse "off periods" indicating that they are due to inadequate stimulation of DA receptors; but prolonged infusions are of limited application in practice and are attended by increasing dyskinesia and waning responses. Rinne claims that the early combination of low dose bromocriptine and levodopa inhibits the development of fluctuations, especially dyskinesia.

These are but samples of a mass of new and interesting data. This is in no sense a textbook, nor is it an easy read for the bedside or armchair. It is a first class compilation of the latest developments in this continually evolving field of endeavour and the editors are congratulated on providing so much expert opinion, so many new facts and references in one volume. It will be invaluable for scientists pursuing the many enigmas of this fascinating disease.

JMS PEARCE

Dementia: A Clinical Approach. Edited by JMS Pearce. (Pp 165; £15.00.) Oxford: Blackwell Scientific, 1985.

Over the last decade the study of the dementias has moved from a position of relative neglect to one of major research investment, and with this there has been a sudden increase in the number of publications. It is against these that any new book must be judged. A major advantage of this one is that it is essentially a single author monograph. Excellent chapters on neuropathology, neurochemistry and neuropsychology have been provided by other authors, but they blend well with the overall style. The main criticism is that one is left with the impression that the clinical chapters have been inadequately revised from the author's earlier book. Thus in the discussions on Pick's disease, Creutzfeldt-Jakob disease and dementia pugilistica reference is made to the demonstration of cerebral atrophy on air encephalography and yet, as the author states later, this investigation has no place in the modern investigation of the demented patient. The discussion of Alzheimer's disease and senile

dementia under separate headings with the reversible causes of dementia dealt with in a separate chapter of differential diagnoses, create the same impression. For the most part, however, this book provides a fair overview of the neurologist's approach to dementia.

M ROSSOR

Post-Traumatic Stress Disorder and the War Veteran Patient (*Brunner/Mazel Psycho-social Stress Series Vol 5*). Edited by William E Kelly (With a Foreword by Lawrence C Kolb). (Pp 320; \$41.00.) New York: Brunner/Mazel. Outside North America: Raven Press, New York, 1985.

The term post-traumatic stress disorder is likely to be unfamiliar to many British physicians. On this side of the Atlantic, post-traumatic neurosis has a long and respectable history, although many who see the condition tend to relate it to the medico-legal setting, and confusing epithets such as compensation neurosis, accident neurosis, and post-concussional syndrome are used interchangeably. Post-traumatic stress disorder (PTSD) has been clearly defined by the DSM III and this long established condition has undergone a rejuvenation with regards to the interest in it. In particular this has stemmed from the experience of the Americans in relationship to both the Korean and the Vietnam wars, and the recognition that many people involved in such conflicts develop later consequences of this in terms of the development of psychopathology.

The idea that soldiers may develop post-traumatic neurosis is not new, although recognition of disability in these settings is actually hard won. The first chapter of this book outlines the view of US Congress to the returning Vietnam veterans who suffered later disability. It has finally become accepted that returning veterans may suffer from PTSD and with it has flowed a limited amount of US Government support and money. Further, the full backing of the American Psychiatric Association is clear with the recognition of PTSD as a definable disorder with specific inclusion criteria given in the DSM III.

The majority of chapters, as may be expected, relate directly to the Vietnam war outlining not only the severity of incidents to which soldiers were exposed, but also the pattern of responses which develop, often leading on the full-blown syndrome. As might be expected in a book such as this,

many of the chapters are peppered with anecdotes as opposed to scientific data, and while a number of authors emphasise the treatment aspects of the condition, there is little in the way of methodological evaluation of the programmes outlined. One persistent theme is the development of PTSD in people not necessarily injured, for example in those having to handle severe casualties, such as the nurses. Such observations help reinforce the point that post-traumatic conditions such as these are not the sole prerogative of those subject to head injury, and raises the issue of the relationship between these conditions in the war setting and those in a civilian setting; for example the subsequent morbidity of helpers at civilian disasters, or of innocent observers of human mayhem and catastrophe.

This book is unlikely to be of great interest to British readers, but is of great relevance to many in the United States for whom PTSD and its relationship to war veterans is becoming a full-time occupation. At the least it may encourage further research in this area, and hopefully it will allow greater awareness of the severe suffering of many patients who, usually through no fault of their own, become a victim of post-traumatic neurosis.

M TRIMBLE

Clinical Neurophysiology in Parkinsonism (*Restorative Neurology Vol 2.*) Edited by PJ Delwaide and A Agnoli (Pp 192; \$50.00.) Amsterdam: Elsevier Science Publishers, 1985.

Up until twenty five years ago, a period of neurophysiological research or at least a firm basis in neurophysiological concepts was essential for any young man hoping to make his name as a clinical neurologist. Although a firm grounding in this discipline remains as important as ever in understanding how the nervous system works and how it may become disordered in disease the newer scientific disciplines of neurochemistry, neuroimmunology, experimental psychology and molecular biology have stolen much of its thunder in recent years. As a result many of the new wave of clinical neurologists have only a smattering of Sherringtonian concepts locked away as an atrophying conditioned reflex. At the same time a group of determined motor physiologists have sprung up who by means of ever more sophisticated gadgetry are slowly illuminating more hidden and complex aspects

of human behaviour. At least in the world of Parkinson's disease these distinguished men usually travel alone, being invited personally to meetings in order to raise the level of debate, and cast a few of their perceptive crumbs on the multitude. What was exceptional about Venice in 1983 was that a small international meeting was arranged which consisted solely of eminent motor physiologists and clinical neurologists fluent in physiology, the purpose of which was to discuss what is known about the functional abnormalities of Parkinson's disease; this book remains as a souvenir volume of what apparently took place.

Each of the experts emphasises his own slant: Hallett stressing the role of the basal ganglia in selecting an energizing particular muscles, Deecke its importance in the initiation of movement, Marsden its pivotal function in the smooth sequencing of motor programs and the late Ed Evarts underlining its importance in motor coordination. The controversial long-loop reflexes were covered in a group discussion at the end but this part of the book was poorly edited and does not spell out the issues at stake to the less well informed reader. Burke feels that a primary abnormality of the fusimotor system is unlikely in Parkinson's disease whereas Obeso and Delwaide both independently provide some evidence for increased tonic peripheral inhibition and a reciprocal inhibition in the spinal cord. Perhaps the dissatisfaction I had in reading this book simply reflects the paucity of established facts and my personal difficulties with coming to terms with the jargon which surely leaves all but the cognoscenti cold. However the chapters by Marsden, Deecke and Hallett were notable exceptions to this. The book goes over no new ground and most of the contributors have simply regurgitated previous offerings. Motor physiologists interested in the basal ganglia would find this book too simple and old hat and for those clinicians interested in Parkinson's disease but not *au fait* with the neurophysiological abnormalities in the disease this book would simply confuse rather than instruct.

AL LEES

Muscle Biopsy: A Practical Approach. 2nd Ed. By Victor Dubowitz. (Pp 679; £45.00.) London: Bailliere Tindall/WB Saunders, 1985.

This is the awaited second edition of the now classic text by Dubowitz and Brooke first published in 1973. It encapsulates the

great clinical and histopathological experience of the principal author and emphasises the need for expertise in both areas to solve most muscle problems.

The first chapter deals with the procedure of muscle biopsy in some detail and sets out the author's firm preference for needle biopsies, a view that will not be shared by all pathologists who have to report sections prepared from such samples often without adequate clinical details. Needle sampling seems to work best in a laboratory where the clinician who sees the patients is also directly responsible for both taking the biopsy and for its interpretation. This chapter is followed by sections on the various histochemical techniques, a review of normal and pathological findings and a helpful self-teaching section on "How to Read a Biopsy" which highlights the point that the most useful place for this book is next to the microscope. Chapters on Ultrastructural Changes (Dr Caroline Sewry) and Immunocytochemistry (Dr Robin Fitzsimmons) are valuable new additions.

The format of the second part of the book, on the pathology of individual diseases, is essentially unchanged from the first edition although the clinical illustrations and (regrettably) the bar graphs showing the frequency of specific pathological features have been omitted. Each major disease grouping is extensively illustrated by individual case histories accompanied by the relevant histopathological findings. The range of abnormalities is effectively demonstrated in many disorders by showing several cases; for example 13 of spinal muscular atrophy (neonate to adult) and nearly 20 of Duchenne dystrophy. Professor Dubowitz's unique experience of childhood neuromuscular disease is amply illustrated and described in the sections on Diseases of the Lower Motor Neuron, Muscular Dystrophy and Congenital Myopathies. The chapter on metabolic and endocrine myopathy is strong on the genetically determined diseases but acquired (endocrine) myopathies are rather sparsely represented and not illustrated at all, although biopsies from patients with such disorders are common in the general hospital setting. The value of the succinate dehydrogenase reaction (rather than the NADH-TR) in looking for evidence of mitochondrial accumulations might perhaps have been emphasised. There follow chapters on inflammatory muscle disease (10 cases illustrated), a miscellaneous group (including myasthenia, disorders associated with contracture and rigid spine) and Problems in Diagnosis and Interpretation.

The book is nicely presented and, on the

whole, the many photomicrographs (all black and white) are of good quality although a number lack really clear definition and seem slightly hazy. The references are comprehensive and the index satisfactory. The text of the book is both informative and, given the potentially dry nature of the topic, interestingly written. Both clinicians and pathologists dealing with neuromuscular diseases will find much practical guidance here.

CM WILES

Imaging Anatomy of the Head and Spine. A Photographic Color Atlas of MRI, CT; Gross and Microscopic Anatomy in Axial, Coronal, and Sagittal Planes. By HN Schnitzlein and F Reed Murtagh. (Pp 323; £149.95.) Baltimore: Urban & Schwarzenberg. UK: Pitman Publishing Ltd, 1985.

The main authors, an anatomist and a radiologist, present as their aim "an atlas that [is] helpful and easy to use for the clinician and radiologist in training and in practice". They may have understated their product for this book proves to be a valuable bench book for solving anatomical problems: a visual *Gray's Anatomy*, an up-dated Ettehad. It has an extensive anatomical index.

The seed corn of the work are the 140 anatomical sections of the brain and adjacent structures (orbits, ears, larynx) and the spine. Each is appropriately stained and splendidly reproduced in colour, as large as life and profusely labelled. These sections are made at different levels and planes of the head and spine, and most of the slices seem to have particular relevance to clinical neurology.

The book is also meant to establish correlations between the naked eye anatomy and various radiological modalities, chiefly computed tomography (232 images) and magnetic resonance (50 images). This is done by placing "look-alike" CT and/or MR images on the page opposite to each anatomical section. This aspect is less successful or valuable, perhaps because the radiological images can never reveal structures in the same rich detail as stained sections. Nor is the MR correlation adequate. Your reviewer found the explanatory text (anatomy for radiologists) facile.

This is an excellent, if expensive, reference book for radiologists and others interpreting CT and MR images, and provides visual anatomical information that is not as readily or attractively packaged elsewhere.

EH BURROWS