specialist in the field will find this volume invaluable both for reference and as a source of new information. It is probably fair to say that the depth of detail make this a book which is more suitable for the expert than for the novice or the beginner training in neurosurgery, and it probably goes into greater depth than is required by the neurologist or the general physician who may have only a limited interest in subarachnoid haemorrhage. This reviewer can only make one adverse criticism of this outstanding work: Its price. This must put it beyond the reach of all but a handful of neurosurgeons in Britain and all but the best endowed medical libraries.

RS MAURICE-WILLIAMS

Disorders of Posture and Gait. Edited by W Bles, Th. Brandt. (Pp 358; \$92.50.) Amsterdam: Elsevier Science Publishers, 1986.

It is a remarkable feat that walking, standing and the maintenance of an upright posture are performed almost automatically. To do this, it is necessary to coordinate the movement of two limbs involving several muscles, at least six joints (in the lower limbs alone) balancing the trunk above, and organise appropriate associated movement of the upper limbs, head and neck. This is to say nothing of the skills demonstrated by the downhill skier or the tight rope walker. The mechanisms which enable us to walk and maintain posture are poorly understood. This volume presents the multi-disciplinary approach of the European School of Posturography to investigating and attempting to understand these problems. It is primarily concerned with the quantitative electromyographic and mechanical analysis of posture and gait.

The first section is devoted to untangling the various contributions of the proprioceptive, vestibular and visual systems to the maintenance of normal posture and gait. The normal patterns of EMG activity in leg muscles during walking and postural perturbations are also described. The second section is concerned with diseases that may produce disorders of posture and gait and the patterns of abnormality that one may see within the investigative framework of posturography. Vestibular, cerebellar, proprioceptive and visual disorders are discussed in separate chapters in relation to the effects they have on posture, gait and associated reflex mechanisms. There are also discussions about the normal patterns of stance

and locomotion in the upper motor neurone syndrome. Another chapter is devoted to an historical discussion on the role of cervical muscle afferents and their connections in producing disturbances of equilibrium. The final section deals with the learning processes involved in the acquisition of walking and postural skills in childhood and their decline in old age. The compensatory mechanisms that operate in vestibular and cerebellar lesions are discussed.

This multi-authored volume provides a variety of contemporary approaches to the subject. Most of the material has been published previously. The book would have benefited from an editorial overview and synthesis of the views expressed. It should be available to all those with an interest in this difficult and expanding field.

PD THOMPSON

Suicide. Edited by Alec Roy. (Pp 205; £27.00.) London: Williams & Wilkins, 1986.

This is a convenient, moderately priced book on the most tragic of all human behaviours. There are 13 chapters by experts on all aspects of the matter. Most of the contributors examine the chief factors which are known to determine suicide, calling on their particular area of expertise.

The facts about suicide have been known for many years. Men rather than women, the elderly more than the young, the physically and psychiatrically ill as opposed to "normal" people, commit suicide. The book examines each of these major determinants in detail.

What else can one say about suicide? The most interesting fact about suicide, is that in recent years there has been a dramatic drop in the suicide rate in Britain: from about 7,000 a year in the 1950s to about 5,000 a year now. This has not occurred to the same extent in any other European country, according to the figures given in the book. I could find no figures on this issue in the book for the United States, which is a pity, because the book is essentially American. It is generally believed that there are three possible reasons for this fall in Britain: the decline in barbiturate prescriptions, the change from coal gas to natural gas and the introduction of the Samaritan counselling services. None of these factors is supported by evidence presented in the book. In Holland, for example, suicide rates have increased despite a fall in barbiturate prescriptions and a decline in domestic coal gas.

In the United States the introduction of suicide counselling services has not led to a reduction in suicides. I feel that the questions raised by these matters should have been tackled more resolutely in the book.

I have two more quibbles about the book. The first concerns the discussion in several chapters about the relationship between depression and suicide. Obviously someone who commits suicide is "depressed". What is not clear, still, is whether they have a "depressive illness", "understandable misery" due to some devastating life event or whether they are just "miserable people". One study claimed that 94% of people who committed suicide had a depressive illness. This, in my view, is unlikely, and other studies, not quoted so extensively in this book, have shown that many suicides are relatively normal people who are faced with insuperable odds. I think that this debate should have been opened up. The second point concerns one chapter only, written by a psychoanalyst. It epitomises all that is wrong about this viewpoint. The author claims, for instance, that to say that someone is "suicidal simply indicates that there is an elevation in that individual's perturbation and lethality levels, respectively". Quite apart from the incorrect use of the word "respectively" such statements undermining the scientific approach of the rest of the book.

In conclusion, this book presents the traditional facts and views about suicide. Would I buy it for myself or for my library? The answer is probably not. It does not present the issue in a contemporary enough light, nor does it address the controversial issues. It might have been better if the editor had taken a more active role, and summarised or challenged each of the contributions.

JOHN CUTTING

Basic Neurology. By George David Perkin. (pp. 327; \$35.00.) Weinheim: VCH Verlagsgesellschaft. Copublication with Ellis Horwood, 1986.

The theme running through this book is an analysis of the author's experience in 4,000 successive outpatient cases. These data are presented throughout the book to assist the author's stated intention to present a more balanced view of the practice of neurology than can be found in many of the available standard textbooks. This aim is admirably realised.

The book opens with three chapters of history taking, physical examination and investigation. Following this are eight chapters dealing with different symptom complexes such as headache, altered awareness, visual disturbance, vertigo, etc. The remaining chapters deal with specific neurological disorders. A comprehensive coverage is achieved with little overlap between these two sections. Inevitably some areas are covered better than others and since this is essentially a book about outpatient neurology it is excellent for the doctor approaching the dizzy outpatient, but less helpful for dealing with the patient in status epilepticus.

There are two criticisms to be made. One is the idiosyncratic suggestions for further reading at the end of each chapter which the author admits to in the introduction. They are an interesting mixture of modern reviews and classic papers but some are too obscure for a general textbook; *Acta Neurol Belg* cannot be readily available! The other criticism is that typographical errors are frequent enough to be noticeable and at times confusing, for example the suggestion that the ECG, as opposed to the EEG, is a redundant procedure in the investigation of stroke. However these criticisms are minor points in what is an excellent book. It is suggested in the introduction that the level of information is appropriate for the undergraduate and recently qualified doctor. I would suggest that it will also be useful for the less recently qualified doctor and an essential companion to anyone when first faced with neurology outpatients.

MARTIN ROSSER

matters and welcome periods of speculation.

The emphasis throughout is on electrophysiological approaches and mathematical modelling. Thus several papers discuss the influence of $[Ca^{++}]$ on potassium currents and others develop the ideas of Dodge and Rahamimoff on the cooperative interaction of Ca^{++} at a receptor triggering quantal release. There is no discussion of the molecular biology of the relevant receptors and ionophore. There are very little pharmacological data presented. Chapters by Robert DeLorenzo and colleagues and by Jonathan Pincus describe the effects of benzodiazepines and phenytoin on synaptosomal calcium fluxes and the possible significance of this in anticonvulsant actions. Calcium entry blockers are not presented in any detail. (They have been very adequately reviewed in several recent volumes). The role of calcium in epilepsy is not considered, but this has been the subject of a recent volume edited by Speckmann, Schulze & Walden. There is very little material relating to the role of calcium as a metabolic regulator and none concerning its role in excitotoxicity.

This volume could be of value to doctoral and post-doctoral workers in the field of calcium and neurotransmitter release, particularly those who were unable to attend the symposium. It provides for them a convenient contact with key issues and personalities. With the widespread availability of photocopiers, video tapes, floppy discs and desk top publishing surely we should be able to devise faster and more economical methods of achieving this goal?

BS MELDRUM

Calcium, Neuronal Function and Transmitter Release. (*Topics in Neurosciences Series*) Edited by Rami Rahamimoff and Bernard Katz. (Pp 612; £51.75.) Dordrecht: Martinus Nijhoff, 1986.

This volume records a symposium that took place in Jerusalem in August 1984. It provides, in camera-ready format, 8 chapters on channels and transporters, 7 chapters on calcium and transmitter release, 9 chapters on calcium and exocytosis, 7 chapters on calcium-dependent mechanisms and 12 "free communications". The discussion following each contribution is reported. A very distinguished group of physiologists participated in this meeting and the volume conveys the atmosphere of an effective workshop with much discussion of technical

Neuroradiology 1985-86. Proceedings of the XIIIth Congress of the European Society of Neuroradiology, Amsterdam, 11-15 September 1985 (International Congress Series 698). Edited by J Valk. (Pp 392; \$83.25.) Amsterdam: Elsevier Science Publishers, 1986.

Conference proceedings are big business, an established branch of modern medical publishing. Nowadays the product looks like a textbook although of course the contents belong in the journals. Personally I see no harm in this deception (lamb being dressed up as mutton, so to speak) provided that the customer realises what he is buying.

This book is a selection of the papers presented in Amsterdam in September 1985 at the 13th Congress of the European Soci-

ety of Neuroradiology. It is an almost emotive declaration of the state of the art, documenting the remarkable expansion of neuroradiology and indicating that this name itself is now a misnomer, "neuro-imaging" being the more appropriate title. The subject matter of the 50 papers underlines this fact: magnetic resonance imaging, 19; investigative radiology, 14; ultrasound and Doppler studies, 5; computed tomography, 4; digital angiography, 2; positron emission tomography, 2; myelography, 1; and other, 2. It is remarkable to reflect, so rapid has been the progress in all new directions, that only five of the 50 papers would have been presented if this congress had taken place 15 years ago.

Many of the technical papers involve neuroradiologists (that is, neuro-imagers) only such as details of operating digital vascular apparatus and scanners including data collection and choosing substances and catheters for transluminal angioplasty and fistula occlusion. However, the wider diagnostic and therapeutic options offered by the newer methods are bound to interest neurologists and neurosurgeons, particularly the diagnosis by CT and MR imaging and the treatment by chemonucleolysis of intervertebral discs; the obliteration of surgically inaccessible arteriovenous malformations by the balloon technique; and the demonstration of a wider range of complications of cerebrovascular accidents by MR imaging.

The papers dealing with magnetic resonance help to breach the pre-MR mystery surrounding the white-matter of the brain, the brainstem and cerebellum, and the spinal cord. There is something for everyone in George du Boulay's classification of white-matter diseases and his attempt to analyse the causes of the MR appearances of abnormal areas of the brain.

EH BURROW

Head Trauma: Educational Reintegration. By Christine Duncan Rosen, Joan P Gerring. (Pp 150; £14.00.) Basingstoke: Taylor & Francis, 1986.

This book is written by an educationalist and a psychiatrist, and describes their experiences in paediatric rehabilitation in the Kennedy Institute for Handicapped Children in Baltimore, Maryland. It contains a review of the authors' experience in attempting to return severely head injured children to school, and as such, it is first rate.