Book reviews

Psychiatric Disorders: Neurotransmitter and Neuropeptides. (*Progress in Brain Research Volume 65.*) Edited by JM Van Ree and S Matthysse. (Pp 288; \$83.25.) Amsterdam: Elsevier Science Publishers, 1986.

To those of us who believe that there is a biological basis to psychiatric illness, the search for biochemical abnormalities in brain would seem a logical approach. The study of the monoamines, particularly dopamine, noradrenaline and 5HT, has received considerable attention. The apparent involvement of these transmitter substances in psychoses and depression has greatly assisted the development of drug treatment. More latterly, the involvement of GABA in anxiety has had a similar effect and there are hopes that involvement of acetylcholine in Alzheimer's disease may lead to a treatment for this disorder.

The present volume attempts to assess the role of neurotransmitters and neuropeptides in psychiatric disorders. Unfortunately, it takes a very broad approach to the topic which does not allow a detailed focus on specific issues. A variety of factors underlying psychoses and affective disorders are discussed in a series of chapters ranging from genetic influences, viral factors and nutrition. Others deal with specific monoamine transmitter involvement. However, there is no obvious thread to the story that unfolds.

Subsequently, the volume turns to the question of neuropeptides. With over forty peptide substances known to exist in brain it is likely that some alterations in these substances will occur in psychiatric disease. The book contains a variety of chapters which deal with a range of peptide substances in terms of their localisation, regulation and relevance to behaviour in animals. Other sections deal with clinical post-mortem studies. But again, there is an enormous gap between the sections and no apparent logical sequencing of contributions. My overall feeling was that a lot more basic research needs to be carried out to show whether or not neuropeptides are of any relevance to mental illness. Altered levels in brain and CSF may merely reflect the disease processes rather than being its cause. A biological basis to psychiatric disorders seems a long way off.

This is not a volume I would recommend. It contains a number of interesting articles

but these are lost in the general approach taken. It is also an expensive volume and reflects the state of the art in 1984 when the meeting from which it results was held.

P JENNER

What is Epilepsy? The Clinical and Scientific Basis of Epilepsy. Edited by MR Trimble and EH Reynolds. (Pp 350; £40.00.) Edinburgh: Churchill Livingstone, 1986.

This is another report of conference proceedings: Windsor Great Park, July 1985. Twenty-four chapters and 345 pages of contributions by acknowledged epileptologists (horrid name!) cover a great deal of this perplexing field of knowledge heavily patched by large bare areas of ignorance. The chapters explore deeply such fundamentals as what is epilepsy? What is an EEG epileptic discharge? Is dyscontrol epilepsy? Basic science has so far done little to improve our understanding of the disorders and precious little more to improve the lot of the epileptic patient. It is thus meet that the text is dominated by clinical contributions.

Recent legal issues have clearly influenced the contents. Fenton gives a balanced view of the EEG, epilepsy and psychiatry; Fenwick follows with a consideration of dyscontrol-paroxysmal behaviour disorder, not frankly epileptic, but associated with abnormal cerebral discharges; this fertile field of polemic is fairly presented and will be of some assistance to those required to testify on the putative relationship between epilepsy and aggressive, violent behaviour. Wieser and Binnie write similar chapters on monitoring and the ever topical "kindling" gets its fair share. The transcripts of two sections of discussion are the final chapters and make for interesting reading.

There are already several good texts about epilepsy in adults and in children. This book will not replace them. It is a specialist work of no great intellectual weight, but it does clearly ventilate many of the imponderables which face clinicians each day. Many areas are not covered: there is little about diagnosis or treatment, and the Lennox-Gastaut syndrome is not even mentioned in the index; myoclonic disorders are likewise neglected. I think the editors have rightly avoided trying to produce an all embracing text, but they have succeeded in providing a well written and nicely produced book which will stimulate and educate a wide audience of neurologists and psychiatrists.

JMS PEARCE

Cerebrovascular Disease: Research and Clinical Management Vol 1. Edited by CH Lechner, JS Meyer, E Ott. (Pp 350; \$104.00.) Amsterdam: Elsevier Science Publishers, 1986.

When a distinguished array of the stroke hierarchy contributes to a book with this title the clinician can be forgiven for expecting theoretical and practical guidance in the management of patients with stroke and/or precursors. Unfortunately, he/she will be disappointed for there is very little of a practical nature here. The majority of contributions deal with aetiology and evaluation: those sections devoted to therapy tend to be didactic with claims for efficacy based more on conjecture than fact. And many crucial clinical problems (such as the management of TIA, the status of carotid endarterectomy, stroke in evaluation and the role of rehabilitative services) are completely ignored.

The first two chapters on MRI and PET offer eloquent resumes of the new technology. There seems no doubt that MRI will find lesions where the CT does not. Quite what contributions this will make to patient management is difficult to predict but the pictures are beautiful. The PET chapter is a tour de force from Philadelphia and may itself justify purchase of this volume. PET can give tomographic images of blood flow and blood volume and may delineate those small number of patients in whom recurrent symptoms occur on a haemodynamic basis. I suspect this can be done clinically by a combination of history and retinal artery pressure readings but unfortunately most PET papers are rather sparse on clinical details. Images of oxygen extraction suggest that some infarcts, when studied early enough, are surrounded by a zone of tissue which may be functionally damaged but structurally intact. Whether or not this can be manipulated remains to be seen. It seems improbable in that no successful manipulation has yet been undertaken and the logistics alone insure a fairly minor role for PET scanning in the management of patients with cerebro-vascular disease.

There follow two chapters on haemorrhage, the second of which seems to confuse an increase in cerebral blood flow with an improvement in cerebral blood flow. A detailed and well referenced chapter on the lacunar syndrome serves to illustrate just how difficult this concept has become now that we include those small deep lesions seen on CT within what was once a definition based on pathological changes. Presumably much of this will have to be re-written