particularly if one keeps in mind that this is a syndrome and not a disease and that other diagnosable conditions were excluded.

In the paper¹ we emphasised that our cases had homogeneous genetic, clinical and neurophysiological features, which suggested a distinct "disease entity", admittedly of unknown aetiology. If we had to "bury" the eponym RHS, we should find another term to designate our patients: given the geographic origin of these cases, one such term could be "Mediterranean Myoclonus", admittedly similar to "Baltic Myoclonus".^{4,5} Following the same criteria, other seaside myoclonic syndromes are likely to come.

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BOOK REVIEWS

Opportunistic Infections in Patients with the Acquired Immunodeficiency Syndrome. (Infectious Disease and Therapy Series 3). Edited by: GIFFORD S LEONG AND JOHN MILLS. (Pp 476; Illustrated; Price: \$89.75 (US and Canada) £68.00). New York: Marcel Dekker Inc. 1989.

"Opportunistic infection in patients with the acquired immunodeficiency syndrome" is the latest in the infectious disease and therapy series from Marcel Dekker. The stated aim of this book is to provide a practical approach to the management of opportunistic infections in HIV infected patients. The good response to appropriate treatment of some infections is stressed. It is a multi-author book principally from the San Francisco group.

The book is divided into four sections. The first deals with the epidemiology and immunology of HIV infection. The second section is on patient assessment. The third section deals

with the viral, bacterial, fungal and protozoal infections seen in AIDS. The final section is on the use of diagnostic laboratories.

This structure has unfortunately led to frequent repetition. The epidemiology and clinical features of infections appear in both the second and third sections of the book. The classification of HIV infection appears in both section 1 and 2. The laboratory features of opportunistic infections appear in sections 2, 3 and 4. There are some problems of balance. In section 2 the nervous system, skin, mouth and paediatric patients are all dealt with in separate chapters. The other systems, gastro-intestinal, respiratory, cardiovascular, endocrine and renal are all discussed in a single chapter. This chapter is further crowded by the author's uncertainty as to whether he is addressing the diagnosis of HIV infection in general medical patients or the diagnosis of complications in HIV infected patients. In section 3 rarer infections, such as the endemic mycoses, are also given space disproportionate to their importance.

The delay between writing and publication (there are occasional references from 1988) is less of a problem than might be expected in this fast moving field. Examples of new developments would be the use of fluconazole in cryptococcal meningitis or of desaturation or immunofluorescence in the diagnosis of *Pneumocystis carinii* pneumonia. More frustrating, however, is the reliance on abstracts from AIDS conferences, rather than published sources, as references.

This book is designed to be a practical guide to the management of opportunistic infections in AIDS. There are however some inconsistencies. For example there is a long chapter on the epidemiology of HIV infections and a chapter on acute HIV infection but not on other complications attributed to HIV itself. The book has also excluded some areas which are of indirect interest in the diagnosis and management of opportunistic infections. For example the use of zidovudine as an adjunct in opportunistic infections, the place of visceral Kaposi's sarcoma, lymphoma and HIV itself in the differential diagnoses of opportunistic infections. This raises the question of the validity of the separation of the management of opportunistic infections from that of other complications of HIV infection, particularly when some "non-infective" complications, such as Kaposi's sarcoma or lymphoma may be related to various viral infections.

Each chapter in this well produced book provides a good introduction to its subject by an authority in the field. The neurological chapter is good, though neurologists would find it brief and prefer the book "AIDS and the Nervous System" edited by the same authors. However the whole is less than the sum of its parts. It is expensive and individuals or cash restricted libraries wanting an introduction to AIDS would be better advised to buy one of the more comprehensive texts on the subject which are now available.

GERAINT FULLER

Autonomic Failure: A Textbook of Clinical Disorders of the Autonomic Nervous System 2nd edition. Edited by Sir Roger Bannister (Pp 783; £30.00). Oxford: Oxford University Press, 1988.

In the late seventies the problems created by a failure of the autonomic nervous system were

more clearly recognised and described in the current literature. In 1982 in the first edition of "Autonomic Failure", Sir Roger Bannister suggested that the protean symptoms of autonomic failure would lead patients towards specialists in many disciplines, for example the cardiologist, the neurologist, the general physician, and since many of the disorders occur late in life, the geriatrician. It was the editor's aim at the time to provide a book which would guide all these specialists to an understanding of the many problems when the autonomic nervous system failed.

The first edition was very well received and now the second edition appears in paper back aimed at providing a comprehensive scientific basis for the diagnosis and treatment of the wide range of autonomic disorders which are being recognised with increasing frequency. Sir Roger edits what is now a multi-author volume with contributions from some 30 new authors of whom 14 are from countries outside the UK. The many advances in the basic science of autonomic transmission are considered and special attention is given to recent progress in peptide chemistry and immunocytochemical staining.

In an introductory chapter the editor outlines the problems of autonomic failure, classifies the disease processes responsible for the disintegration of the system and summarises the new techniques used in the investigation of such patients. The embryology, the basic anatomy and physiology of the autonomic system are described in great detail with chapters devoted to the influence of the autonomic system on cardiovascular function, blood pressure regulation, heart rhythm and cardiac function.

The second part of the book, which is of main interest to the clinician, is devoted to the clinical and pathophysiological features of autonomic failure. The lead chapter by the editor is followed by a succession of essays on the investigation of the various disorders, their clinical phenomena and the management of symptoms. A large section is devoted to the clinical phenomena of diabetic autonomic neuropathy. It would seem that nothing has been excluded from this very comprehensive essay.

This book must remain the outstanding contribution to neurology's study of the autonomic nervous system. Not only is it up to date, it is accurate, well edited and will provide a useful reference source for any clinician who suspects that his patients have autonomic neurological problems. I feel the essays are uniformly consistent and therefore would select no particular author for mention. This reflects upon the overall competence of the editing. Each essay is followed by a comprehensive list of references, some as recent as 1987, suggesting that the book, published in 1988, certainly does discuss truly recent advances.

JB FOSTER

Clinical Neurology. By D CHADWICK, N E F CARLIDGE AND D BATES. (Pp 544; Illustrations: 243; £24.95). Edinburgh, Churchill Livingstone, 1989.

This new textbook seeks to emphasize the importance of neurology in general medicine and to provide a practical approach to diagnosis and treatment for general physicians, MRCP candidates and neurologists in training. Set against the mass of recent texts on