hospitals, this implies that tertiary referral centres can only have a limited role in the acute management of Guillain-Barré syndrome, and that plasma exchange services should be readily available at each regional neurological centre.

Ropper, Wijdicks and Truax have written an extraordinarily comprehensive account of the clinical aspects of Guillain-Barré syndrome. The first author's vast experience of the disease pervades the text and lends it great authority. The chapter on differential diagnosis considers acute paralysis from the dual vantage points of clinical signs and of named disease entities. This will be invaluable on those inevitable occasions when we face diagnostic uncertainty about the cause of an acute paralysis and need to make quick yet accurate decisions so as to avoid delays in instituting therapy. There are excellent chapters on respiratory failure and on the general care of the patient, which include important details regarding pain management (not an uncommon problem in Guillain-Barré syndrome), nutrition, psychological support, and intubation, tracheostomy and ventilation. This book transcends the topic of acute demyelinating polyneuropathy to become a major treatise on managing patients in the neurological intensive care unit.

Both books devote a chapter to chronic inflammatory demyelinating polyneuropathy (CIDP). With justification, Professor Hughes would prefer to rename this chronic idiopathic demyelinating polyneuropathy. Both texts are unclear about the diagnostic categorisation of patients with demyelinating polyneuropathy who progress for between four and eight weeks, thereby falling between the conventional time definitions of Guillain-Barré syndrome and CIDP. Professor Hughes proposes a new categorisation of subacute idiopathic demyelinating polyneuropathy for those cresting after progression for between four and twelve weeks. My own preference would be to eliminate the no man's land by introducing an operational distinction between Guillain-Barré syndrome and CIDP based on whether progression occurs over less than, or more than six weeks.

The first chapters of both books address the history of Guillain-Barré syndrome and include quaint photographs of Landry, Guillain, Barré and Strohl. We hear how Georges Guillain's obituary of Harvey Cushing has a particular poignance since, not only did Cushing suffer from Guillain-Barré syndrome, but probably did so while both men were attending the Conference Chirurgicale Interale in 1918.

Both these excellent books should be available in all neurological units. Second editions of both should be encouraged when we know whether intravenous immunoglobulin or methyl prednisolone therapies are routinely indicated, whether prognosis is influenced by the nature of the triggering infection, and when the role of anti-ganglioside antibodies has been clarified.

MICHAEL DONAGHY

Manual of Neurology: Diagnosis and Therapy Fourth Edition. Edited by M A SAMUELS. (Pp 421 illustrated; Price \$24.50). 1990. Boston USA, Little, Brown & Co. ISBN 0 316 76994 0.

This book has undergone a change in title since the publication of the third edition, which was a Manual of Neurological

Therapeutics. One suspects that the change to a Manual of Neurology has been made in order to broaden its appeal and perhaps also to compete with the plethora of short textbooks published recently on both sides of the Atlantic. The change in title is unfortunate because many chapters on major neurological illness are concerned almost entirely with therapy. A student, looking for a description of the features of Parkinson's Disease, epilepsy or multiple sclerosis would probably be disappointed, because the chapters tend to assume that diagnosis has been made and the starting point is with management. This criticism is not universally applicable and the text does contain an occasional synopsis of clinical features and differential diagnoses but this is inconsistent.

That said, the book does provide a concise and comprehensive account of standard medical treatment for most neurological conditions. The chapter on epilepsy, for example, provides an excellent review of the indications for individual anti-convulsants with a clear indication of dosage, side effects and drug inter-actions, all summarised in tabular form. Alongside this wealth of factual information there is a lack of firm advice about the management of common problems in patients with epilepsy. Thus there is no mention of epilepsy and driving, and the only firm advice on the management of epilepsy in pregnancy is that as many anti-convulsants as possible be discontinued, particularly in the first trimester. There is, however, no discussion of the potential risks of individual anti-convulsants to the foetus. One is left with the impression that those areas of management which may give rise to legal controversy have had to be deliberately avoided.

Although there are no major differences in drug therapy in this country and the United States, occasional discrepancies may surprise British neurologists. Some are due to the different availability of drugs. Pizotifen for example is not licensed in the United States and Octreotide is not yet available at least in the treatment of acromegaly. I suspect that Epanutin is not the drug of first choice in the treatment of trigeminal neuralgia in this country and that Epanutin is not used very frequently in the treatment of myotonia. The use of monoamine oxidase inhibitors in the treatment of narcolepsy must also be rare.

Although it is a mine of information, it is difficult to recommend this book. It cannot be described as a Manual of Neurology and would certainly not be suitable for our undergraduates for whom there are now better shorter textbooks of neurology available.

N F LAWTON

Alzheimer's Disease: Basic Mechanisms, Diagnosis and Therapeutic Strategies. Edited by K IQBAL, D R C MCLACHLAN, B WINBLAD AND H M WISNIEWSKI. (Pp 675; Price £95.00). 1991. Chichester, J Wiley & Sons Ltd. ISBN 0 471 92927 1.

Carers, Professionals and Alzheimer's Disease. Edited by DESMOND O'NEILL. (Pp 327; Price £21, US\$41, FF210, L48,000). 1991. London, John Libbey & Co Ltd. ISBN 0 86196 298 2.

These two books add to the rapidly growing Alzheimer's disease library. Both suffer the

common disadvantage of conference proceedings of an inherent obsolescence. They are both good but, of the two, the latter is likely to maintain its value for longer.

Alzheimer's Disease: Basic Mechanisms, Diagnosis and Therapeutic Strategies, is a selection of papers read at the Second International Conference on Alzheimer's Disease, held in Toronto in the summer of 1990. It has been well edited and presented and the speed of publication is a tribute to the editors and publishers alike. Sections on clinical course, neuro-imaging, neuropathology, epidemiology, animal models, biological markers and treatment are standard fare. New sections on cytoskeletal pathology, genetic mechanisms and brain amyloidosis reflect the considerable advances. Indeed, the topic of amyloidosis finds its way into many chapters. Since the conference, the discovery of a genetic mutation in the amyloid precursor protein gene has brought two of these areas together.

The second book follows the 5th International Conference, held in Dublin. The focus of the two books is very different. In this second book, the scientific section on the nature of Alzheimer's disease and the diagnosis and assessment stands in rather poor comparison with the first book. The chapters are reasonable but some, such as Eye Movement and Fixation, sit uneasily within the general context. It is the sections on social implications, training for the carer and improving the environment which make this book valuable. These are the very things of importance to carers and to professionals whether it be general practitioner, paramedic or hospital specialist. There is a good introductory chapter by Professor Butler which, although largely from a US viewpoint, covers the important points of euthanasia, suicide, competition for resources and the philosophical aspects of longevity and ageing. There are excellent chapters in the section on improving the environment, such as the value of altering the environment to allow for wandering rather than attempting to prevent it; clear labelling; and the avoidance of complex patterns and reflections which can so easily confuse the patient with visuospatial impairment and visual agnosia. The section on therapy is also good; concentrating as it does on non-drug therapy, it makes a welcome change from reading about the more common, unimpressive pharmacological trials.

Who should buy these books? The first is for the specialist but he should buy it quickly. The second is more suitable for professionals and for the lay person i.e. all of those who are touched by Alzheimer's disease, and, at a quarter of the price of the first, it is also financially more accessible.

MARTIN N ROSSOR

Selective Serotonin Re-Uptake Inhibitors Perspectives in Psychiatry Vol. 1. By J P FEIGHER AND W F BOYER. (Pp 168; Price £25.00). 1991. Chichester, John Wiley & Sons Ltd. ISBN 0 471 92890 9.

The search for a well defined serotonin abnormality in depression has been going on for over a quarter of a century but it has still not led to convincing conclusions. Evidence that numerous antidepressants depend on

serotonin changes for their therapeutic effect is however now very strong. Serotonin uptake inhibitors were developed initially for the treatment of depression but in recent years they have also been used for other conditions such as obsessive compulsive disorder, bulimia and substance abuse. This book reflects both these developments and present clinical usage. Thus, it devotes much more space to fluoxetine than to any of the other four drugs under discussion (citalopram, fluvoxamine, paroxetine and sertraline). Seven of the nine chapters are written wholly or in part by the main authors and are aimed principally at clinicians, dealing with such topics as human pharmacokinetics and drug interactions, treatment efficacy and side effects. The other two chapters give good general accounts of the neuropharmacology of serotonin (C A Marsden) and the animal pharmacology of the reuptake inhibitors.

The book is clearly written with some substantial and useful reference lists which cover much of the literature very effectively up to the end of 1989. Most chapters describe their topics fully though the one on the serotonin hypothesis of depression is somewhat thin and is over-focused on CSF studies. A useful addition would have been a short chapter putting the therapeutic effects of the drugs under discussion into context with other kinds of drugs which influence both serotonin function and psychiatric illness. It is potentially confusing to have a chapter entitled "The efficacy of selective serotonin re-uptake inhibitors in anxiety and obsessive compulsive disorders" which does not even mention that 5-HT_{1A} agonists rather than reuptake inhibitors are the most frequently used serotonergic anxiolytics.

Despite these criticisms of specific parts of the book it should be useful to both clinicians and laboratory workers. I am glad to have it on my shelf and I recommend it to others.

G CURZON

McAlpine's Multiple Sclerosis 2nd Edition. Edited by W B MATTHEWS. (Pp 401 illustrated; Price £50.00). 1990. Edinburgh, Churchill Livingstone. ISBN 0 443 04047 8.

The second edition of this book follows six years after the first and thirty-six years after the original "Multiple Sclerosis: A Reappraisal". Despite the passage of more than a third of a century the section on therapy reflects our inability to devise definitive treatment, though the sections on Genetics, Immunology and Pathology provide hope for the rational development of agents based on a better understanding of the disease process. And, the new section on MRI scanning hints at the potential for monitoring such agents. Professor Matthews has achieved a notable feat by improving an already excellent volume and the three new authors, Dr Martin and Professors Allen and Compston, have added their considerable talents in epidemiology, pathology and immunogenetics while retaining the best ingredients of the earlier volume.

The book begins with a mis-print in the re-produced preface to the first edition, but then moves from strength to strength. The practices and problems of epidemiology are well described; the futility of further studies in

general prevalence is explained and the need for more precise studies to test specific hypotheses is clearly defined. The clinical section, though rather haphazard in its organisation, is clearly sub-titled and the comprehensive appendix allows easy access to any specific symptom or sign. The clinical experience and wisdom of Professor Matthews shines through—as in his assessment of the often over-valued absence of abdominal reflexes in the diagnosis. The section of Pathophysiology might possibly have been better placed after that on Pathology and in future editions the concept of re-arranging the chapters might add to the flow of the text.

Professor Compston's chapter on Genetics inevitably repeats some of the section on Epidemiology and, although views expressed in the two sections are similar, editing might allow cross-referencing at this point and avoid such repetition. The immunology would be helped by the inclusion of diagrams to supplement the text. The reverse is the case in the Pathology section where the photographs provided by Professor Allen are superb but the inclusion of twenty two electron micrographs seems excessive and some are superfluous. The bibliography is comprehensive and it is a pleasure to recommend this latest offering of an established volume, not only to all of those involved in MS work and research but to all Neurologists; it remains the definitive text on Multiple Sclerosis and is not only the newest but also the best of the series.

DAVID BATES

Peripheral Neurology Edition 2 Case Studies in Electrodiagnosis. By JAY A LIVESON. (Pp 476; Price £40.00). 1991. Beckenham, F A Davis. ISBN 0 8036 5652 1.

Most conventional neurophysiological texts provide comprehensive information on available techniques. However, guidance on the choice of techniques and the planning of an investigation in patients is generally neglected, as is evaluation of the data obtained. In this, the second edition of his book, Dr Liveson has for the most part successfully addressed this problem, using 95 case studies to illustrate the neurophysiological approach to the examination of the patient.

In the first section there are succinct but adequate chapters on the interpretation of electrophysiological data and the findings in diffuse neuromuscular disturbances and localised processes of the peripheral nerves. The author rightly points out that one of the goals of the neurophysiological examination is to localise the site of a lesion, but unfortunately other important aspects such as assessing the severity and dynamics of the pathophysiological processes receive scant attention. His choice of EMG of the paracervical muscles as the "single most useful technique to be adopted during the last decade" is idiosyncratic and unfortunately sets the tone for some of the later case studies.

The second section presents varied selections of case studies covering nearly all conceivable neuromuscular and localised peripheral nerve disorders. In each case the clinical data are presented and analysed using a questions and answers format. A plan of action for the electrophysiological examina-

tion is then set out, followed by a clear presentation of the electrophysiological data. The reader is encouraged to evaluate these data by being asked a further series of questions, to which, finally, answers are provided together with a summary of the electrophysiological interpretation and eventual outcome of the case. This formula works surprisingly well, and while it lacks the natural flow of a conventional text book, there is comprehensive cross referencing of similar cases, enabling the reader to approach the book from many angles. The text is supplemented by many instructive illustrations, and contains a long list of references.

While one might disagree with the approach in some of the cases, this can be attributed to personal differences and preferences. The book is full of sound advice and is authoritative. The author states that this book has been a labour of love and it should be of benefit to all practising clinical neurophysiologists.

P R W FAWCETT

Comprehensive Neurology. Edited by R N ROSENBERG. (Pp 920; Price: \$275.00). 1991. New York, Raven Press. ISBN 0-88167-717-5.

In the preface to this handsomely produced text, the editor gives a lengthy list of "Highlights in this decade of discovery and advancement". He follows this with: "Comprehensive Neurology reviews all aspects of neurologic disease"—a surprisingly ambitious claim. How does he go about this Herculean labour, and how far is his claim justified by the result? The book is large, some 920 pages and 27 chapters written mainly by American authors. The attempt to be all-embracing has yielded surprisingly brief sections on major problems. The whole gamut of muscular dystrophies (including myotonic dystrophy) gets eight pages; migraine receives just over two, cluster headache one third of a page, but four types of amaurosis fugax command six pages. Sleep disorders earn a whole chapter of 46 pages and 416 references, though this is an excellent account (Wagner). The reader will search the excellent index in vain for cranial subdural haematoma, whiplash injury or Eaton Lambert syndrome, and there is no section on the consequences of head or spinal injury. The contributions vary in quality, but too many inaccuracies and omissions have escaped the editorial eye e.g. "CSF can be easily identified with a dip-stick for glucose in CSF rhinorrhoea"; no mention of the important contra-coup injury as a cause of traumatic anosmia; acyclovir in trigeminal shingles "... limits the disease, thereby avoiding the complication of postherpetic neuralgia." There is no mention of the benefit of botulinum toxin in hemifacial spasm or in Meige's syndrome. In pituitary diseases Cooper and Martin merely sketch the outlines of endocrine testing (surely an essential in every patient): "beyond the scope of this chapter"! And, is it true that "It is impossible to take care of patients with seizure disorders without high quality EEG" (Gumnit and Leppik)? If so I must have maltreated a large number of patients who have been kept free of fits despite my failure to enact this precept.