

circulation, one with electron microscopy, and seven with forms of treatment, including cerebral vasodilators and activators, hyperbaric oxygen, and procaine. The impression is of a serious lack of appreciation of the part played by non-vascular disease, and of a multiplicity of poorly designed and executed studies of drugs, although there is no doubt that this is a field in which good studies are very difficult. Except as a source of references, few readers in the United Kingdom will find much to interest them.

F. I. CAIRD

NEUROSURGICAL ANAESTHESIA By A. R. Hunter. (Pp. 344; illustrated; £10.50.) Blackwell: Oxford. 1975.

This book is based on the wide and extensive clinical experience of Andrew Hunter and, as such, is a welcome addition to the neuro-anaesthetic literature. It is actually a second edition of a book, but it has been so extensively enlarged and rewritten as to constitute virtually a new text on the subject.

The early chapters are devoted to the basic physiology and pharmacology relevant to the subject, and provide a comprehensive review of the literature, though, inevitably, some recent work is missing—for example, the breakthrough of autoregulation at high blood pressures and the clinical dangers of hypertension are not considered in any depth. In the section on cerebrospinal fluid, it is regrettable that CSF pressures are quoted in mmH₂O and not in mmHg. On the whole, though, this section of the book provides an adequate foundation for the following clinical section, and the chapter on cerebral venous drainage is particularly clear and helpful.

The clinical section of the book is obviously based on the author's personal experience and accumulated wisdom over many years, and is invaluable to all those interested in the subject for this reason. The necessary converse of this is that it is a highly personal account of the author's practice, in particular the emphasis given to the technique of supplementing anaesthesia with thiopentone and methohexitone infusions is excessive in relation to the general employment of this particular technique. Similarly, a great deal of space is devoted to the clinical consequences that follow from the author's belief that air embolism is more common during controlled ventilation than during spontaneous breathing, although this view is not universally held. The chapter on hypotension is outstanding in the clinical section, while the one on monitoring is disappointing, omitting among other things

end-tidal CO₂ measurement.

Provided, therefore, that the reader appreciates that the book, in its clinical sections, represents largely an account of the author's practice, he will gain greatly from Dr Hunter's account of the subject, which includes innumerable practical suggestions and helpful advice.

D. G. MCDOWALL

DYNAMIC NEUROSCIENCE. ITS APPLICATION TO BRAIN DISORDERS By George O. Watts. (Pp. 456; illustrated; \$17.97.) Harper and Row: Hagerstown. 1975.

This is a textbook that I cannot recommend to students or postgraduates. The author, a neuro-anatomist, has attempted to provide an account of all aspects of the nervous system, from structure and function, to disease and treatment. He has adopted the novel approach of dividing his topics according to functional systems in the brain. Thus, for example, one section is entitled 'Input, mood and memory', and includes the problems of pain, migraine, backache, drug addiction, all psychotic illness and psychopharmacology, memory, oligophrenia, inborn errors of metabolism, dementia, hepatic coma, etc. The result is incoherence. Much of the language is novel North American. 'Malphrenia'—a sick brain—replaces schizophrenia; 'the neuratrist' replaces the neurologist. While the anatomical information is generally, if superficially, correct, the biochemical data often are not, and the clinical information is frequently quite inaccurate or misleading. That 'diazepam calms the amygdala, phenothiazine soothes the RF and hypothalamus' carried poetry a little beyond fact. Scant attention is paid to critical evaluation of evidence, and theorising in advance of the facts is all too common. That compulsive sex criminals and liars and criminals in general are subject to paroxysmal electrical discharges in temporal regions is not yet accepted in Courts of Law, nor should this book be purchased for a library.

C. D. MARSDEN

BEHAVIORAL SCIENCE IN CLINICAL MEDICINE By Stewart Wolf and Helen Goodell. (Pp. 230; illustrated; \$14.50.) Thomas: Springfield, Ill. 1975.

First year courses in behavioural science at British medical schools are now becoming firmly established in the curriculum of studies. This book should prove immensely helpful to our medical undergraduates, notwithstanding its pronounced orientation towards the American cultural scene. The writers were at the outset of their careers

well-grounded in the broadly based experimental approach of the late Dr Harold Wolff.

Behavioural science is viewed by the authors as part of human ecology. They doubt whether a full understanding of molecular biology can ever lead to an appreciation of man's conduct and motivations. Detailed discussion is provided on the question of human adaptation to all manner of environmental stresses. Healthy living and the preventive approach regarding illness are emphasised.

Much useful information is presented on the subject of physiological reactions to stress—formerly a rather 'soft' area known as psychosomatic medicine. In this regard, the old mind-body, stimulus-response pattern is swept away in favour of a much more sophisticated pattern of multifactorial aetiology. Stress is appropriately evaluated in terms of an individual's perception of a situation rather than by an objective criterion. The female emancipation of recent years entails altered man-woman relationships, itself a possible source of stress as a factor in the production of new illness patterns.

Dr Wolf and Miss Goodell have produced a thoughtful, modern text on behavioural science applied to clinical problems. Their book can be confidently recommended to medical undergraduates as well as to students of psychology and medical sociology.

A. BALFOUR SCLARE

LA MALADIE DE PICK By R. Tissot, J. Constantinidis, and J. Richard. (Pp. 122; illustrated; price not quoted.) Masson: Paris. 1975.

This monograph is a detailed, though pedestrian analysis of 32 cases gleaned over half a century from a total of 3000 necropsies performed upon former mental patients. Having expended so much effort on the work it is unfortunate that the authors do nothing more than substantiate facts already known to both clinicians and pathologists. They have classified their cases by histological techniques into three groups of approximately equal sizes, commenting that histological appearances relate only in the broadest terms to clinical features, and especially to mental function. Thus, diagnosis remains a matter for the pathologist. The first group shows prominent atrophy of the temporal lobe with degenerative cortical changes typified by the presence of argyrophil bodies, gliosis, and neuronal ballooning. The second exhibits frontal atrophy with gliosis and neuronal swelling, but no argyrophil plaques. The third group has either temporal or frontal atrophy but show gliosis only. In all cases there is degeneration

of underlying white matter and changes in the basal ganglia too. It is concluded that the disorder is genetically determined and that, whereas gene penetrance is dominant in the first group identified, it is recessive in the other two. This slim volume, which is printed in French, is unlikely to be of interest to any, except those pathologists who wish to brush up the medical aspects of their knowledge of this language.

MICHAEL R. BOND

INFORMATION AND SKILL By D. Legge and P. J. Barber (Pp. 144; illustrated; 80p.) Methuen: London. 1976. LEARNING AND REINFORCEMENT By S. Walker (Pp. 144; illustrated; 80p.) Methuen: London, 1976. CLINICAL PSYCHOLOGY, THEORY, AND THERAPY By D. Mackay (Pp. 144; 80p.) Methuen: London. 1976.

These three books vary widely both in subject matter and quality, dealing with human experimental psychology, with the overlap between animal and human psychology, and with human clinical psychology respectively. On the plus side, the book by Legge and Barber covers extremely well some of the most complex areas of modern experimental psychology, and manages to make information theory interesting and understandable. Similarly, Walker's treatment of learning and reinforcement provides a powerful support for modern behaviourist psychology both methodologically and as a conceptual guide for further research—particularly in the clinical field where behaviourist therapies are becoming more powerful. However, on the negative side, Mackay in his treatment of clinical psychology manages to obscure still further the already obscure topic of clinical psychology and the fog in which the reader finds himself is not helped by Mackay's failure to attempt to delimit the subject area of clinical psychology until page 60 (in a book of 142 pages, including index). This is definitely not a book to recommend to serious students of clinical psychology, although the introductory chapters on psychiatric classification could be of use to undergraduates in psychology.

D. NEIL BROOKS

NOTICE

From Portland, Oregon, comes the *Convulsive Therapy Bulletin with Tardive Dyskinesia Notes*. It is offered free to members of the International Psychiatric Association for the Advancement of Electrotherapy and others may subscribe (\$10.00) by writing to the Editor, P. H. Blachly, M.D., Department of Psychiatry—Research, University of Oregon Health Services Center, Portland, Or. 97201, USA.