

amine metabolites in cerebrospinal fluid, and the paucity of results from well-controlled studies of postmortem brain tissue. The "probenicid" technique, in which the rate of accumulation of amine metabolites is measured in serial samples of cerebrospinal fluid after administration of probenicid, was regarded as the final solution to the problem of direct assessment of the rate of utilisation of monoamines in the human brain—but even this method has failed to show convincingly that a deficiency in cerebral monoamine metabolism exists in depression.

In schizophrenia, as in depression, the postulated link with cerebral monoamine metabolism is suggested, again mainly from pharmacological results. The finding from animal experiments that drugs used in the treatment of schizophrenia act as antagonists of the CNS actions of the monoamine dopamine, and conversely that drugs such as amphetamine which release dopamine in the brain can provoke schizophrenia-like psychosis are the pillars of the so called "dopamine hypothesis," which suggests that schizophrenia may be associated with an overactivity in one or other of the cerebral dopaminergic systems. Direct clinical evidence has again been difficult to obtain. Although studies of the dopamine metabolite homovanillic acid in cerebrospinal fluid show that antischizophrenic drugs exert a clear effect on cerebral dopamine metabolism in man, there is no evidence from such studies in drug-free schizophrenic patients of any abnormality in CNS dopamine metabolism. Such negative findings, of course, are not conclusive since no techniques exist which allow one to assess a possible abnormality of dopamine systems in some restricted region, such as the dopaminergic neurones in the limbic areas of brain. The author would be the first to admit that ultimately it may prove impossible to explain the chemical pathology of all forms of depression and schizophrenia in terms of a single group of brain chemicals, the monoamines. Nevertheless, there are few viable alternatives for biological research in psychiatry as yet, and the monoamines have provided an immensely important research challenge for psychiatric research for more than a decade.

The present monograph is a masterly overview of a difficult area, and should

prove a valuable text for all students of biological psychiatry. The emphasis is on clinical studies, but the coverage is comprehensive, and the reference lists are valuable surveys of the field up to the time of writing in 1975.

L. L. IVERSEN

Handbook of Neurologic Emergencies

By Desmond S. O'Doherty and Joseph L. Fermaglich. (Pp. 344; illustrated; £7.50.) Henry Kimpton: London, 1977. This is a textbook of neurology written for the non-neurologist with whom the patient's initial contact is most often made. An attempt is made to classify acute neurological illness under only seven headings. Starting from the condition of the patient, hopefully placed under only one of the seven headings, the physician works towards a diagnosis. The philosophy of this approach is attractive, and the book may be of value to the intended user. The content is repetitive, largely due to acknowledgement that many conditions must appear under two or more headings. Statements such as papillitis being infection involving the optic nerve head, or decerebrate posture being universal flexion, detract from the book's credibility. Line drawings and tables are generally helpful but photographs are of poor quality. A minor irritation is that illustrations and relevant text are often not adjacent. Perhaps the second edition will be a useful purchase.

W. F. DURWARD

Handbook for Differential Diagnosis of Neurologic Signs and Symptoms By Kenneth M. Heilman, Robert T. Watson, and Melvin Greer. (Pp. 231; illustrated; \$8.95.) Appleton-Century-Crofts: New York, 1977.

This extraordinary book is described as a problem orientated guide to neurological disorders. It consists of 112 tables, some short, some extremely long, with one extending over 11 pages. The tables are grouped under major symptom headings such as coma, weakness, mental deficiency and so on, and each is preceded by a short introduction. The analysis of cranial nerve and brain stem disorders are particularly good, based as they are on anatomical and physiological considerations. The ingenuity of the differential diagnoses deserves mention—for example, the 61 causes of dizziness ranging from abscess, cerebellar to Vogt-Koyanagi-Havada syn-

drome, not forgetting impacted cerumen.

Taken as a whole it would be indigestible; dipped into it is intriguing, but it can only act as an index or aide-memoire to an orthodox method of diagnosis.

I. T. DRAHER

Treatment of Cerebral Palsy and Motor Delay By Sophie Levitt. (Pp. 269; illustrated; £11.95.) Blackwell Scientific Publications: Oxford, 1977.

This should have been a valuable book for doctors and therapists who look after children suffering from cerebral palsy. Miss Levitt is an experienced (and fortunately sometimes opinionated) therapist, well qualified to write it. Unfortunately she has produced a confused repetitive book which must be firmly disrecommended to any junior therapist. The first chapter, pages 1-33, is guaranteed to baffle anyone wishing to learn about the classification and manifestations of cerebral palsy, and the subjects of spasticity, hypotonicity, and ataxia recur in different contexts throughout the book, together with confusing references to their neurological connotations.

Occasionally Miss Levitt's ability to think clearly in a theoretical framework shows through as in "The Eclectic Viewpoint in Therapy" (page 33). In general it does not. Yet she does give admirable descriptions of physiotherapeutic techniques which must surely be unique.

The book is nicely produced, if rather expensive, with good photographs and reasonable "stick man" drawings, illustrating child development and its deviations.

A carefully edited text, about one-third the length of this one, might have been helpful in a way which this volume is not.

T. T. S. INGRAM

Notice

The Ninth International Symposium on Cerebral Blood Flow and Metabolism will be held in Tokyo from 28 May to 1 June 1979. Further information can be obtained from the Conference Office, c/o Fumio Gotoh, MD, Department of Neurology, Keio University School of Medicine, 35 Shinanomachi, Shinjuku-ku, Tokyo, Japan.