well-stocked library. However, as the only guide to neurology in the hands of a junior resident or a medical student it would hold its own with many of the others. As the author points out in his preface, his opinions may not be shared by all other authorities, and this is reasonable. However, like all single author texts, there are occasions when his views may not be accepted by any other authorities. The reviewer, for instance, would have preferred to have had greater emphasis on the frequency with which vertigo may occur as a symptom of carotid artery disease, and a mention at least of the value of 24 hour recording of the ECG in the elucidation of transient ischaemic attacks. One would have liked greater emphasis on the benign nature of much multiple sclerosis; all areas of common neurological practice. Finally the statement that classical myxoedema is easy to recognise is perhaps true, but should be accompanied by the observation that it is rarely classical and almost always missed. Apart from this there is really little that one could quarrel about in what is, as the author states, clearly a construct of personal experience, literature search and much opinion-seeking from others.

RE KELLY

Sleep Disorders, Insomnia and Narcolepsy. By Henry Kellerman. (Pp 250; \$27.20.) New York: Raven Press, 1981.

The total value of medical book sales in 1979 in the USA was over \$110,000,000 (*New Engl J Med*, 1981 July 9, p 113). A large part of these sales was due to popular medical publications and in the last decade many patients have become as knowledgeable as their physicians about their ailments. The present book is in the borderland between psychiatry, medicine and the patient, for example—"How to understand your cancer" or "Sex and old age". Does the reader get his money's worth? Almost certainly the book is worthless. Lacking any firm diagnostic criteria or any kind of critical approach the author attempts to relate sleep problems to interpersonal phenomena. This policy leads him to the conclusion that secondary dependant persons are symbiotic and not well enough differentiated. Such people may be potential problem sleepers and do not know where their parents begin and they end. In a second section the distinction between Narcolepsy, Hypnosis and Schizophrenia is

considered. Freudian views are discussed at length; thus for example we learn that sleep paralysis may accomplish the avoidance of masturbation. The final section discusses the importance of psychotherapy in the treatment of insomnia and is of more value but this book will not appeal to physicians and should not appeal to their patients.

JD PARKES

Fundamentals to a Pharmacology of the Mind. By Corneliu E Giurgea. (Pp 415; \$37.75.) Illinois: Charles C Thomas, 1981.

To most Western psychiatrists and neurologists Pavlov is known for his salivating dogs and the introduction into psychology of such terms as conditioned reflex. What, however, is not often appreciated is that studies of the physiological basis of mental activity by the Russian scientists in particular has continued for over 100 years. Based on the reflexology of Sechenov, and receiving experimental confirmation with the work of Pavlov, it has been continued by such authors as the Bechterevas and Kupalov, and taken to the United States most prominently by Horsley Gantt. It is to the latter that the book is dedicated, Professor Giurgea having produced, in his own words, a "hybrid Janus-like volume which is neither a textbook nor a real essay but something that touches both of them". In it he sets out to lay down the theoretical and experimental foundations of psychopharmacology with particular reference to our knowledge of the physiological basis of the mind based in particular on the theories of those mentioned above, but integrating these ideas with the author's own profound knowledge of the neurophysiological and neurochemical ideas that have developed in the West. He emphasises the Sherringtonian concept of "integrative action" of the nervous system, and attempts to unite the organic with the so-called functional. In particular he notes how the neuroses in humans have been poorly investigated, and indeed are looked upon pejoratively by many doctors. He however compares human neuroses to the experimental neuroses, as developed from the work of Pavlov, and introduces us to such words as "cortico-visceral" as a replacement for the word "psychosomatic". Analysis of such experimental phenomena as supraliminal inhibition, in which behavioural inhibition is seen to take place when too strong a stimulus

is applied, short-acting conditioned stimuli and shortened conditioned reflexes, in which only a change in the functional state of the brain as opposed to a specific external reaction takes place following a stimulus, and autokinesis or "incubation during which an experimental neurosis does not manifest itself until some time after the experimental challenge", are all seen to have clinical counterparts.

The extension of these ideas, that the mental state, and particularly disturbances of it, have a physiological foundation, leads to the second main thesis of the book, namely that such processes can be influenced by psychotropic drugs. It is here that I think it deserves some criticism for an over-extended presentation of data on one drug, namely piracetam, consideration of which takes up some 80 pages. While it may turn out to be the best thing since sliced bread, it could have been considered, in the overall context of this book, in a far shorter space and the book would have been all the more readable for such an exclusion.

At a time when the psychiatric establishment in this country is trying to cut itself off from all contact with its Russian counterparts, this book is a notable reminder of the great contributions to psychology that have stemmed from many authors within the Eastern bloc which have relevance for neuropsychiatrists, particularly those interested in understanding and developing a physiologically-based approach to the mind and mental disorders. I would recommend the book to anyone who has an interest in such subjects.

MICHAEL TRIMBLE

Antidepressants: Neurochemical, Behavioral and Clinical Perspectives. Edited by SJ Enna, Jeffrey B Malick and Elliott Richelson. (Pp 272; \$43.52.) New York: Raven Press, 1981.

Many new anti-depressant drugs have been introduced into clinical use since the advent of imipramine therapy in the mid 1950s. Accompanying the wide variety of compounds introduced has been a great deal of research into the underlying cause of the illness and the mechanism of action of the drug used to treat depression. Much of this has been spurred on by the lucrative markets for such compounds. This volume contains a relatively up-to-date summary of our present knowledge of the mechanism of action of anti-depressant drugs. In

the initial chapters comparison is made between the acute pharmacology of anti-depressant drugs and the chronic adaptive changes that occur on repeated administration of such compounds, as they are used clinically. It is evident from these chapters that research has not centered on any one neurochemical mechanism, in contrast to antipsychotic drugs, but a wide variety of neuronal systems appear to be involved in the actions of such compounds. This may be the secret of the advances made in the anti-depressant field. More recently, the use of radioactive labelled anti-depressant drugs such as ^3H -imipramine, ^3H -des methylimipramine and ^3H -mianserin has been allowed more close examination of the sites of drug action in brain and some of this recent data is summarised in the chapter by Peroutka and Snyder. It is unfortunate that more recent and detailed studies by Langre and Briley were not included. This book contains four chapters on techniques for the detection of anti-depressant activity in animals. It cannot be easy to provide models which simulate the complexity of human depression but from the number of drugs presently available, these models must meet with some success. The clinical content of the book in contrast to its basic science chapters is relatively limited. There are only two chapters which deal directly with the use of drugs in man, one dealing specifically with lithium, the other dealing with the complex association between plasma levels of tricyclic anti-depressants and their clinical effect. Perhaps greater coverage could have been given to this interesting topic but in a volume of this size it is difficult to envisage how the editors could have reached a more realistic balance. The last chapter by Shopsin and colleagues is concerned with the second generation of anti-depressant compounds and highlights the broad approach taken to the development of new anti-depressant drugs. The controversy over sites of action of anti-depressant compounds and their mechanism of action in the treatment of depression has resulted in no common hypothesis of underlying cause of depressive illness and perhaps this has ensured that a broad therapeutic approach to treating depression has to be taken. The editors have assembled an interesting multi-authored volume which will mainly be of interest to those working at the basic science level but which should provide clinical researchers and clinicians with an up-date on current concepts of anti-depressant action.

PG JENNER

Atlas of Pediatric Electroencephalography. By Warren T Blume. (Pp 400; \$115.60.) Raven Press; New York, 1982.

This substantial atlas of about 31×39 cm and weighing $2\frac{1}{2}$ kg is very nicely presented and beautifully printed. In each chapter there are a few pages describing the views of various authors with selected references and a large number of full size EEG illustrations. The figures are good even if the legends are rather limited.

In the first chapter on "Normal EEG" there are 126 illustrations covering "normal awake" and "normal drowsiness, sleep and arousal". It is not stated whether each EEG had been chosen from normal control subjects or, instead, collected amongst babies and children referred for an EEG but considered by the author as having no EEG abnormalities. The second alternative would justify the latitude of the author's criteria of normality: see fig 58 with asymmetry during hyperventilation; and fig 31 and 32 with 3 per second waves (instead of the alpha rhythm) in a child of 4 years. The author is quite right when he emphasises that "confidence in identifying minor abnormality (in the EEG) can be built only upon a thorough appreciation of the limits of normality". However, this statement is weakened when the author immediately adds that "these limits are considerably wider for children and adolescents than for adults".

The second chapter devoted to "Abnormal EEGs: Epileptiform Potentials" is rather lightly discussed in $7\frac{1}{2}$ pages with 21 references. At times, the term seizure (which should represent the clinically detectable event) is applied to the presence of particular EEG features (see fig 237). The third chapter devoted to "Abnormal EEG: Non Epileptiform Potentials" covers only $1\frac{1}{4}$ pages with 15 references. The clinical events are barely mentioned and often there is no information on proven diagnoses. The fourth chapter on "The Role of EEG in some common Paediatric Neurological Problems" defines "Febrile Convulsions" as motor seizures occurring with a temperature of at least 39°C which has been present less than 24 hours. He adds that "a focal seizure does not fall under this definition", and that the febrile seizure should last less than 15 minutes. Many papers dealing with febrile convulsions are not mentioned in the references, including the book by Lennox-Buchthal. Other conditions such as syncope, headache, Reye's Syndrome, encephalitis and meningitis, prognosis

after cardio-respiratory arrest, trauma, degenerative diseases, cerebral palsy, are briefly discussed without any illustrations. Some "aspects of recording technique" (with the collaboration of Donna Gregory) are added (3 pages with 2 references) as a separate chapter; a subject index covering 6 pages completes the book.

Weak points are easily found in any publication and perhaps when Dr Blume prepares a second edition, a fuller selection of references should be attempted; the clinical implications of some of the EEG findings should be enlarged with appropriate differential diagnostic comments. Criteria of normality should be presented more systematically bearing in mind that the views of many authors and their technicalities tend to differ (electrode placements, montage, paper speed, time constant, gain). Terminology in the description of some of the EEGs could be improved.

Some rather dogmatic statements seem difficult to justify. "The main role of the parents is to provide an accurate neurological history for the technologists; this history is a valuable supplement to the requisition form". This statement suggests that the medical doctor responsible for the EEG report is not present during the test! On the same page it is also stated that "we seldom invite the parents to remain in the recording room during the procedure", (surely an out-moded attitude). On page 329 it is said that "photic stimulation has limited direct usefulness below the age of 5 years" (why?). "A crowded appointment schedule is incompatible with technically satisfactory paediatric EEGs; the child will sense the technologists hurry and the battle will rage"! The concept may be correct but seems to lack any element of TLC (tender loving care).

Over the last few years much interest has developed on the importance of electroencephalography in paediatrics and several EEG atlases have been published. In the first 3 months of 1982 two further atlases have just emerged (this one from Canada and also an excellent one from France) with somewhat different trends, and should be perused by paediatricians, neurologists, neurosurgeons, psychiatrists and others interested in clinical neurophysiology, and particularly electroencephalography.

G PAMPIGLIONE