progress with each problem, although none is yet solved. Cord retraction is overcome by removing an entire vertebra; but how to prevent the dying-back response and cyst formation from recurring when the ends of the cord are cleaned up and sutured? The greater biological vigour brought to the spinal cord by implanted cerebellar or embryonic neural tissue grafts partially overcomes the glial barrier; but so does the importation of activated Schwann cells in the form of peripheral nerve grafts. Which is the better technique? And even peripheral nerve, brain tissue or embryonic grafts “take” only when the lesion is partial, for example a trough scraped in the cord dorsum; for how can the graft (in reality a mesh or cell suspension) be held in position and protected against the ingrowth of meninges when the lesion is anatomically complete? If the lesion is functionally but not anatomically complete, then the cysts and gliosis must be removed, making the lesion anatomically complete. And if a patient’s lesion is functionally incomplete, then who will dare to insert a graft?

The demonstration of undoubted functional reconnection by some grafted tissue in the brain has provided a great impetus, but the spinal cord is a confined space with many jostling systems, when compared for example with basal ganglia or hippocampus. Grafted tissue tends to extrude physiologically from the cord, and very few regenerating axons manage to cross the cysts which are the end-result of a lesion in continuity.

There are good reviews of the basic biology of central nervous regeneration, responses to axotomy, reactions to transection, axonal neurofilaments, axoplasm transport, growth cones, guidance of regenerated central axons and glial responses.

This field is becoming fashionable, and there is obvious progress documented here. The various technical and biological problems are being separated and defined, and some of them are on the way to solution, although no doubt there will be second, third and maybe more “Symposia on spinal cord reconstruction” before an effective technique becomes available for rats, let alone patients.

DN RUSHTON


There are essentially two types of textbook of clinical psychopharmacology; those which are arranged according to specific drug categories and those which are organised around clinical syndromes. This book, as its title suggests, falls into the first group and is a particular good example of its kind.

As is almost the rule nowadays, the book is multiauthored. Generally, this works well, with many of the authors being internationally known authorities in their field. Boulleng and Lader have contributed an outstanding chapter on pharmacokinetecies; my only worry is that the concise mathematical notation they have adopted may prove somewhat daunting to the less numerate. McKay gives a well-rounded and thoroughly up-to-date account of what he sometimes refers to as antischizophrenic drugs and at other times as antipsychotic drugs (the term I personally prefer). This is followed by a chapter by Jenner and Marsden called “Antiparkinsonian and Antidysskinetic Drugs” which is more concerned with the pathophysiology and management of drug-induced movement disorders. While, as may have been expected from the high professional standing of the two authors concerned, the chapter is a model of its kind, it does illustrate some of the risks of inconsistency and redundancy inherent in a multiauthor book. For example, Jenner and Marsden refer to the antipsychotic drugs as neuroleptics, a term eschewed by McKay but one chapter earlier. The redundancy is also reflected in these two adjacent chapters as the one by McKay itself contains a five-page discussion of the very topic dealt with by Jenner and Marsden.

The editor himself contributes a most sensible and helpful chapter on antianxiety drugs which he then proceeds to refer to as anxiolytics, a less happy term I feel. However, in his favour he does deliberately avoid using the confusing terms “sedative” and “tranquiliser”.

Three chapters on antidepressants follow. One, categorised according to chemical structure, “Tricyclic Antidepressants” by Mindham; one by chronology of appearance entitled “New Generation of Antidepressants”; and one by P Tyrer entitled according to pharmacological action as “Monoamine Oxidase Inhibitors and Amine Precursors”. There is a thoughtful appraisal by S Tyrer and Shaw of the value and potential dangers of lithium in clinical practice. After a short chapter by Checkley on psychostimulants (among which I was surprised to find fenfluramine) there is a miscellany of clinically oriented chapters relating to drug dependence, alcoholism, the use of drugs in child psychiatry and in the elderly.

I would recommend Drugs in Psychiatric Practice as a first-class work of reference which should be in every medical library.

TREVOR SILVERSTONE


This book is the most important publication to date on head injuries; it contains the experience, results and conclusions of the Glasgow team presented as one might expect in an eminently logical and readable fashion. The title should be taken in its widest context as it covers more than medical inpatient treatment. The first chapters are devoted to epidemiology, pathology and patho-physiology; the text of these chapters is simple and comprehensive. The following chapters are concerned with the clinical investigation, assessment and treatment of head injured patients with particular reference to the Glasgow experience with international comparisons. These chapters are particularly eloquent and aspects of the “aggressive” treatment of head injuries such as intracranial pressure monitoring, ventilation, steroids and barbiturates are objectively discussed. The chapter on illustrations and diagrams is in black and white and, surely, the next edition will be improved by the introduction of fourth generation CT scans and perhaps also NMR and PET images. Chapter 9 is concerned with the management of acute injuries and this should be compulsory reading in every casualty department. The final chapters are concerned with the prognosis and neurological and psychiatric sequelae in the widest possible social context. The final chapter is particularly important as the authors assess the overall care of head injuries internationally and suggest that we could do better in the United Kingdom. Unfortunately, there are not enough neurosurgeons willing to give the lead in improvements which surely could be made in the treatment of this commoner surgical emergency. This book forms the solid basis for managing head injuries; it, like the Glasgow Coma Scale, can be read by both consultant neurosurgeons and medical student, though it remains to be seen whether the lead given by the team under Professors Jennett and Teasdale will be actively pursued in this country.

CHARLES DAVIS