Book reviews

Advances in Stroke Therapy. Edited by F Clifford Rose. (Pp 405; \$55.18.) New York: Raven Press, 1982.

This is an eminently readable book, prepared under the guidance of arguably the most prolific editor of neurological books of all time, and though the publishers have not seen fit to mention this, it is the proceedings of a symposium held in 1981 under the auspices of the Medical Society of London. Originally planned to discuss rehabilitation it blossomed into a full-scale examination of the pathophysiology, investigation, treatment, prevention and rehabilitation of strokes. Each chapter, being short, economical in words, summarised briefly at the end, can be read in sequence or individually, with equal value. Every now and then a review-type paper crops up from the editor's own department, some containing swinging criticisms of reported work, trials and conclusions, and the overall feeling at the end is that no-one has proved anything conclusively, except perhaps the importance of hypertension. I believe people not primarily working in the field will find this book of most help—they will learn the relative value of aspirin, dipyridamole, and sulphinyprazole in transient ischaemic attacks, and how high aspirin dosage may defeat its own ends. They will learn how digital imaging offers a new dimension to the so-called non-invasive investigation of strokes (apparently if you put something into a vein you are not invading; into an artery you are). More recent experience of this method has perhaps not wholly fulfilled its original promise, so that it is right that the reader should also learn that a combination of investigations outclasses one single method. He will also learn that intracranial vascular surgery is not the place for the tyro; that a surgeon can make the mechanism of blood coagulation almost comprehensible, and that the development of CT scanning has shown how so many of the earlier stroke assessments were fundamentally shaky on diagnosis. I'm afraid jargon creeps in again—"Stroke and Restroke". "PET studies" from Hammersmith and Paris. In assessing transient ischaemic attacks "blindness" in the patient is said to be highly desirable and reassuring to the observer! And who on earth is Mavis?

The latter part of the book, dealing with rehabilitation, illustrates well the importance of healthy self-criticism. One writer

says that in aphasic speech therapists are courageously asking uncomfortable questions about their own effectiveness—the first time I have seen this written. Stroke units show a higher degree of self-dependency on discharge of their patients than do those coming from general medical wards, but twelve months later these differences are not apparent. The need for education of the relatives is shown to be paramount. The various scientific controversies are well-aired in the book, and following all these comes a fine final contribution from a lay person, a founder of the volunteer stroke scheme, full of wise and mature observations from people who maintain close continued contact with the patients and relatives after they have been in or out of the latest inconclusive trial. Their work commands high praise.

Unlike most published symposia this is not out of date, and bringing together work from many countries and many parts of this country, it adds interest and lustre to the available literature on strokes. I wish more authors were able to write with the clarity that each of these contributions shows.

EDWIN R BICKERSTAFF

Die Pupille. Physiologie Untersuchung Pathologie. By E Alexandridis. (Pp 96; \$30.90.) Heidelberg: Springer-Verlag, 1982.

This book is written in German and its use by English speaking neurologists is thereby limited. The author in his preface admits that his book may not have the emphasis appropriate to neurology or ophthalmology and such is the case, with too little discussion of clinical pupillary abnormalities.

There are sections on the normal pupil, on the techniques of recording and measuring pupillary movement and on the pathological pupil. Each of these sections provides a basic introduction to the subject backed up by a concise list of references. The lack of clinical material is obvious in, for example, the section on the tonic pupil in which there is no mention of recent studies on the natural history and pathophysiology of this condition. To the neurologist, the section on pupillary pharmacology is likely to be the least familiar and most useful. The author details the use of pupillary drug testing in clinical diagnosis and in the evaluation of anisocoria. In a further section the effect of concurrent treatment on the pupillary diameter and reactions is discussed.

There are few other books on the pupil and a good review of pupillary abnor-

malities in neurological diagnosis would be of value in the literature. However, this book does not go far enough to fill this gap and cannot be recommended to neurologists.

CJK ELLIS

Parkinson's Disease. Biochemistry, Clinical Pathology, and Treatment. By Prof. Walter Birkmayer & Peter Riederer. (Pp 194; DM96.00.) Vienna: Springer-Verlag, 1983.

This is the revised and enlarged translation of the book we have all been waiting for. The neurochemical and clinical advances in Parkinson's disease of the last quarter century largely germinated in Vienna; Walter Birkmayer has been deeply involved in one way or other from the start and Peter Riederer speaks with world authority on the neuro-chemistry of the brain. This is not a text-book but a personal and very detailed summary of the experience of a master physician and master researcher. There is no place here for long lists of differential diagnosis of forms of Parkinsonism that do not exist: the authors have not seen a case of Parkinsonism due to carbonmonoxide or manganese for 25 years and progressive supranuclear palsy is hardly mentioned. In place of such curiosities, we read of the value of warm water for rigidity, learn that there is a circadian variation in salivation so that more saliva is produced by night than by day, and digest the fact that profuse sweating crises are almost a special feature of Parkinson's disease. Writing assessed with the standard sentence — *Vienna is a beautiful city*; and jumping by asking the patient to leap into the air with both feet. We read that skin temperature is invariably lower in Parkinsonian than normal toes. The importance of changes in heat, blood pressure, appetite and weight regulation in Parkinsonism is discussed in detail. Many patients with Parkinson's disease die in hot summer weather; I shall now try the affect 5-HTP on the hyperthermia of Parkinsonism, as well as use levodopa to improve bradyphrenia of the mind as well as of the body.

The main therapeutic interest of the book lies in Birkmayer's use of low—a third to a quarter of the doses I use—rather than high levodopa regimes mixed with deprenyl from the start, although I would argue that it is not accepted that high levodopa dosage will accelerate the progression of the disease, or that low doses undoubtedly have some protective effect on the neurons. Despite this the policy of