States, but including two British authors. Their names will be familiar to most readers, as physiologists, psychologists and clinicians who have made major contributions to their subject. They write with authority and provide welcome guidance in a difficult subject.

A reassuring feature is the re-emergence of older ideas which still have considerable validity, even if they have to be refined as a result of experimental research over the last two decades. For example, it is comforting to read that the hypothalamic theory of hunger and satiety has stood the test of time. Thus it is confirmed that lesions of the ventro-medial "satiety centres" cause overeating and obesity, but the influence of these regions on hunger and satiety is more complex than originally supposed. Lateral hypothalamic lesions produce a number of non-specific effects, but there are also specific and severe effects on the regulation of food intake.

There is also a return to "set-point" theory of the regulation of body weight, meaning that physiological mechanisms operate so as to defend a given body weight. Various mechanisms may alter this set-point. They range from "hedonic activity" (eating for pleasure) which raises the set-point, to lateral hypothalamic lesions in animals and gastric surgery in obese patients which lower the set-point.

The quality of the reviews is generally high and several of them are very comprehensive. The chapter on neurotransmitters in the control of feeding goes a long way towards reconciling apparently contradictory experimental findings. The reviewer on the pharmacology of eating and hunger shows that drug effects are not always simple to predict: they can be modulated by conditions such as body weight, state of arousal, and the palatability and nutrient content of the diet. Another chapter is devoted to the role of gut hormones in postprandial satiety. It is proposed that the luminal surface of the gut is a great sensory sheet extending from the mouth to the end of the small intestine and that it is sensitive to the chemical and physical stimuli of food.

There is also much of interest in the chapters on clinical aspects. Treatment is discussed more from the point of view of its appraisal than that of practical measures. An exception is the chapter on the treatment of bulimic patients, for whom a programme of cognitive behaviour therapy is described in detail. The senior editor deserves a special commendation for writing an introduction in which he integrates

succinctly the contributions of the members of his team.

The book is well produced and well written. It is rather expensive but still worth obtaining for the up-to-date and coherent account of this complex subject. It is particularly recommended for clinicians who need guidance in understanding the brain mechanisms underlying eating behaviour and wish to consider theoretical models for the eating disorders they may be called upon to treat.

GERALD RUSSELL

EEG and Evoked Potentials in Psychiatry and Behavioral Neurology. Edited by John R Hughes and William P Wilson. (Pp 411; £29.95.) Sevenoaks: The Butterworth Group, 1983.

The intended audience for this book, as stated in the preface, includes neurologists, psychiatrists and electroencephalographers, who are concerned with the organic bases of behaviour and mental disorders. Such an audience certainly implies a very wide range of interests and skills, thus confronting the authors with a difficult task as to the scope and boundaries of their contributions and, at the same time, providing an indication to the readers of what to expect from the book. The writers have generally found a good outcome to this problem by producing comprehensive, yet concise reviews of the literature on electrophysiological correlates of the clinical entities dealt with, some including summaries of psychopathological syndromes and definitions used.

The book consists of 16 chapters containing topics of interest to the every-day clinical work of psychiatric units, such as EEG and evoked potentials in organic psychiatric conditions, affective disorders and schizophrenia, alcoholism, mental disabilities in childhood; the effects produced by psychotropic drugs and ECT upon neurophysiological tests are also covered. Three chapters deal with unusual EEG patterns and their relation to psychiatric symptomatology. The final chapter is on the interesting and highly controversial topic of the use of the EEG in medicolegal issues. The lists of references at the end of each chapter are adequate and fairly comprehensive; in the opinion of the reviewer there are names missing that she feels should have been included, for example—HF Muller in EEG in senile dementia, JC Shaw and S Butler in the subject of interhemispheric EEG asynchrony,

Ruth F Harris in the various aspects of the EEG in children.

Chapters dealing with the EEG in various psychiatric disorders give a fair account of the state of affairs in the clinical field. I would like to mention those by JG Small on schizophrenia and affective disorders and T Kelly and EL Reilly on the effects of alcohol and alcoholism on the EEG, which are succinct and made interesting. In the chapter on EEG and EC-therapy, RD Weiner raises promising points in relation to the potential value of the test as a monitor during the period of treatment. The chapters on sleep EEG changes in psychiatric patients by V Kupfer and F Reynolds, and CNV and other slow potentials in adult psychiatry by C Shagass give, as expected, a good amount of valuable information; it is unfortunate that these chapters suffer from rather limited illustrations and technical data. The scarcity of technical methodological information and illustrations is general in the book; this presumably, it was the policy chosen, which the reviewer deplores. One exception are the chapters written by Mary A Andrieu, particularly EEG in mental retardation which contain excellent EEG samples. The lack of illustrations is strongly felt in the chapters dealing with intriguing EEG patterns (positive spikes, 6/s spikes, SSS). These EEG items are still a matter of controversy, as JR Hughes makes clear in the text, and this controversy not only concerns their clinical implications, but also the technical measurement of them and their electrophysiological descriptive qualities, hence the importance of illustrating samples.

The volume is well bound and includes a fairly good index, a valuable item, unusual in multi-authored books.

In spite of the limitations noted, I would recommend this book to workers engaged or interested in neuropsychiatry, in particular those who use the electrophysiological tests in their daily clinical work, directly or through clinical neurophysiological departments. They will find helpful, thorough reviews of the literature and also some personal accounts on the theme in this book.

RUTH OBRECHT

Dementia. A Clinical Approach. By Jeffrey L Cummings and D Frank Benson. (Pp 416; £40.00.) Sevenoaks: The Butterworth Group, 1983.

Cummings and Benson have produced a

Book reviews

superb monograph on the condition that modern society faces with increasing frequency. Their approach, as indicated in the title is clinical, with accent on practical matters such as bedside evaluation, differential diagnosis and investigation. The section on the Mental Status Examination is a model of its kind and should be required reading for all neurologists in training. There follow detailed descriptions of all the common (and uncommon) diseases that may cause dementia in adult life. Considerable attention is given to clinical features of the dementia in each disorder, but other neurological manifestations are given their due weight, and there are valuable descriptions of neuropathology and investigative findings. Separate chapters deal with the problems of "Aging and Senility", and the use of "Laboratory Aids to the Diagnosis of Dementia". Here the authors take a firm stance on full investigation, including CT scan and EEG, of all patients presenting with progressive intellectual deterioration. Medically this must be correct; certainly I would wish my physician to follow such a course before consigning me to Shakespeare's second childishness. It is for the politicians to tell me, and my patients, that this is economically impracticable.

The book is so good that it seems churlish to quibble at minor points (for example, the reference to Benson *et al.* 1982 in table 1-1 is not given in the otherwise excellent and extensive bibliography). However, there is one major issue which requires some comment. A firm distinction between cortical and subcortical dementia is drawn and used to divide the volume into separate sections. Thus Alzheimer's disease and Pick's disease are cortical dementias, while extrapyramidal disorders, hydrocephalus and toxic-metabolic conditions are held to cause a different clinical picture of dementia because they "produce maximal dysfunction in the basal ganglia, thalamus and brainstem". This distinction may be too rigid. The recent emphasis on lesions to subcortical structures in substantia innominata in Alzheimer's disease, and the discovery that the demented Parkinsonian has cortical cholinergic deficit, blurs this separation on anatomical and biochemical grounds. The clinical distinctions (for example aphasias in cortical dementias, various early movement disorders in subcortical dementias) may hold, but subtle differences in intellectual and cognitive functions may have more to do with which neurotransmitter systems are involved in the cortex than to where they arise.

Another point of argument is whether Alzheimer's disease can be diagnosed in life on the basis of characteristic clinical features, or whether it is a presumption based upon exclusion of other causes of dementia in the appropriate age group. No doubt in typical cases the subsequent pathological proof of quantitatively significant Alzheimer change in the brain will show a high degree of correlation with clinical diagnosis in life. However, this is less certain in atypical cases and many would still hold to the view that a confident clinical diagnosis cannot be made to cover all presentations of Alzheimer's disease, or to exclude other degenerative conditions. This debate will be resolved by statistical clinico-pathological correlation.

I am sure that Cummings and Benson's book will be used by many. It can be read cover-to-cover by anyone beginning in the field of dementia, and will be an invaluable source of reference to those already engaged in this area.

CD MARSDEN

Cerebral Computed Tomography. A Text-Atlas, 2nd Edition. By Leon Weisberg, Charles Nice & Myron Katz. (Pp 356; £48.00.) London: WB Saunders Co, 1984.

This is one of the dozen or so American text-atlas books now available on cranial computed tomography—all of them as bland, filling and conveniently-packaged as a Macdonald hamburger. Your reviewer having digested the contents of this one experienced no residual hunger, but the prospect of upmarket alternatives left him feeling unfulfilled.

This book is the second edition of one of the first textbooks to appear on CT head scanning—a distinction in itself, indicating the sales success of the original. The new edition consists of twenty chapters of text, each tailed by a list of references, and each appropriately enhanced by diagrams, differential-diagnostic tables and CT images. A total of 368 cases is illustrated, comprising over 1000 carefully chosen scan images, and the clinical information and diagnosis of each patient is given in the caption. This material merits study on its own as a didactic exercise, which would benefit any clinical neurologist or radiologist, young or old, seeking an overview of the subject. It is noticeable that the scans were selected for their information content rather than technical perfection, although none is substandard.

The arrangement of the textual material reflects the multi-disciplinary status of the three authors—a physicist, a neurologist and a radiologist who are respected members of an American teaching hospital. The first four chapters are used to unveil the new technique; they introduce the reader to the principles and technique of computed tomography, describe the applied anatomy of the brain and orbits, and comment upon the impact of scanning on conventional investigative methods. The reviewer feels that this section could have been omitted from the second edition. The titles of the remaining twenty chapters, the clinical part, comprise a mix of topographical and pathological headings and syndrome diagnoses, for example. Progressive Deficit (discussing neoplasms), Rapid Onset Deficit (infarction, haematoma and malformations), Juxtassellar Abnormalities, Pediatric Disorders, Intracranial Calcification and Bone Abnormalities, and so on. They emphasise the difficulty that all authors encounter in choosing a sensible format for discussing CT in intracranial diagnosis, and reveal the confusion that may arise when radiological findings are directly linked to clinical syndromes (rather than in terms of pathology or topography). This approach prompts the question, who was the book written for? Your reviewer, a neuroradiologist, came across passages that were inadequate for his needs, and concluded that the book was more likely to serve the neurologist as a bench reference in his daily practice. As such, it qualifies for a seal of approval as a high-quality, comprehensive account of this now-routine investigation which none should be embarrassed to possess and most will use frequently.

EH BURROWS

Laterality and Psychopathology (Developments in Psychiatry—Vol 6). Edited by Pierre Flor-Henry and John Gruzelier. (Pp 648; \$63.75.) Amsterdam: Elsevier Scientific Publishing Co, 1983.

The First International Conference in Hemispheric Laterality in Psychopathology met at the Charing Cross Hospital in London in 1978. The Second Meeting was held in Banff, Alberta, in 1982. The proceedings of the latter are contained in this volume, one of a series on biological psychiatry from the Elsevier Press.

It has become increasingly apparent that the cerebral hemispheres are specialised not only with respect to language but for