

dopamine is trapped in the normal striatum, and is diminished (particularly in the putamen) in Parkinsonian patients. Langston and others expand the MPTP story. The toxicity of its metabolic breakdown products MPP<sup>+</sup> is emphasised with the possibility of preventing the onset or retarding the progress of the disease by early and continued use of MAO type B inhibitors. Marsden *et al* show that intravenous dopamine agonists reverse "off periods" indicating that they are due to inadequate stimulation of DA receptors; but prolonged infusions are of limited application in practice and are attended by increasing dyskinesia and waning responses. Rinne claims that the early combination of low dose bromocriptine and levodopa inhibits the development of fluctuations, especially dyskinesia.

These are but samples of a mass of new and interesting data. This is in no sense a textbook, nor is it an easy read for the bedside or armchair. It is a first class compilation of the latest developments in this continually evolving field of endeavour and the editors are congratulated on providing so much expert opinion, so many new facts and references in one volume. It will be invaluable for scientists pursuing the many enigmas of this fascinating disease.

JMS PEARCE

**Dementia: A Clinical Approach.** Edited by JMS Pearce. (Pp 165; £15.00.) Oxford: Blackwell Scientific, 1985.

Over the last decade the study of the dementias has moved from a position of relative neglect to one of major research investment, and with this there has been a sudden increase in the number of publications. It is against these that any new book must be judged. A major advantage of this one is that it is essentially a single author monograph. Excellent chapters on neuropathology, neurochemistry and neuropsychology have been provided by other authors, but they blend well with the overall style. The main criticism is that one is left with the impression that the clinical chapters have been inadequately revised from the author's earlier book. Thus in the discussions on Pick's disease, Creutzfeldt-Jakob disease and dementia pugilistica reference is made to the demonstration of cerebral atrophy on air cephalography and yet, as the author states later, this investigation has no place in the modern investigation of the demented patient. The discussion of Alzheimer's disease and senile

dementia under separate headings with the reversible causes of dementia dealt with in a separate chapter of differential diagnoses, create the same impression. For the most part, however, this book provides a fair overview of the neurologist's approach to dementia.

M ROSSOR

**Post-Traumatic Stress Disorder and the War Veteran Patient** (*Brunner/Mazel Psychosocial Stress Series Vol 5*). Edited by William E Kelly (With a Foreword by Lawrence C Kolb). (Pp 320; \$41.00.) New York: Brunner/Mazel. Outside North America: Raven Press, New York, 1985.

The term post-traumatic stress disorder is likely to be unfamiliar to many British physicians. On this side of the Atlantic, post-traumatic neurosis has a long and respectable history, although many who see the condition tend to relate it to the medico-legal setting, and confusing epithets such as compensation neurosis, accident neurosis, and post-concussional syndrome are used interchangeably. Post-traumatic stress disorder (PTSD) has been clearly defined by the DSM III and this long established condition has undergone a rejuvenation with regards to the interest in it. In particular this has stemmed from the experience of the Americans in relationship to both the Korean and the Vietnam wars, and the recognition that many people involved in such conflicts develop later consequences of this in terms of the development of psychopathology.

The idea that soldiers may develop post-traumatic neurosis is not new, although recognition of disability in these settings is actually hard won. The first chapter of this book outlines the view of US Congress to the returning Vietnam veterans who suffered later disability. It has finally become accepted that returning veterans may suffer from PTSD and with it has flowed a limited amount of US Government support and money. Further, the full backing of the American Psychiatric Association is clear with the recognition of PTSD as a definable disorder with specific inclusion criteria given in the DSM III.

The majority of chapters, as may be expected, relate directly to the Vietnam war outlining not only the severity of incidents to which soldiers were exposed, but also the pattern of responses which develop, often leading on the full-blown syndrome. As might be expected in a book such as this,

many of the chapters are peppered with anecdotes as opposed to scientific data, and while a number of authors emphasise the treatment aspects of the condition, there is little in the way of methodological evaluation of the programmes outlined. One persistent theme is the development of PTSD in people not necessarily injured, for example in those having to handle severe casualties, such as the nurses. Such observations help reinforce the point that post-traumatic conditions such as these are not the sole prerogative of those subject to head injury, and raises the issue of the relationship between these conditions in the war setting and those in a civilian setting; for example the subsequent morbidity of helpers at civilian disasters, or of innocent observers of human mayhem and catastrophe.

This book is unlikely to be of great interest to British readers, but is of great relevance to many in the United States for whom PTSD and its relationship to war veterans is becoming a full-time occupation. At the least it may encourage further research in this area, and hopefully it will allow greater awareness of the severe suffering of many patients who, usually through no fault of their own, become a victim of post-traumatic neurosis.

M TRIMBLE

**Clinical Neurophysiology in Parkinsonism** (*Restorative Neurology Vol 2.*) Edited by PJ Delwaide and A Agnoli (Pp 192; \$50.00.) Amsterdam: Elsevier Science Publishers, 1985.

Up until twenty five years ago, a period of neurophysiological research or at least a firm basis in neurophysiological concepts was essential for any young man hoping to make his name as a clinical neurologist. Although a firm grounding in this discipline remains as important as ever in understanding how the nervous system works and how it may become disordered in disease the newer scientific disciplines of neurochemistry, neuroimmunology, experimental psychology and molecular biology have stolen much of its thunder in recent years. As a result many of the new wave of clinical neurologists have only a smattering of Sherringtonian concepts locked away as an atrophying conditioned reflex. At the same time a group of determined motor physiologists have sprung up who by means of ever more sophisticated gadgetry are slowly illuminating more hidden and complex aspects