
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
of human behaviour. At least in the world of Parkinson’s disease these distinguished men usually travel alone, being invited personally to meetings in order to raise the level of debate, and cast a few of their perceptive crumbs on the multitude. What was exceptional about Venice in 1983 was that a small international meeting was arranged which consisted solely of eminent motor physiologists and clinical neurologists fluent in physiology, the purpose of which was to discuss what is known about the functional abnormalities of Parkinson’s disease; this book remains as a souvenir volume of what apparently took place.

Each of the experts emphasises his own slant: Hallett stressing the role of the basal ganglia in selecting an energizing particular muscles, Deecke its importance in the initiation of movement, Marsden its pivotal function in the smooth sequencing of motor programs and the late Ed Evarts underlining its importance in motor coordination. The controversial long-loop reflexes were covered in a group discussion at the end but this part of the book was poorly edited and does not spell out the issues at stake to the less well informed reader. Burke feels that a primary abnormality of the fusimotor system is unlikely in Parkinson’s disease whereas Obeso and Delwaide both independently provide some evidence for increased tonic peripheral inhibition and a reciprocal inhibition in the spinal cord. Perhaps the dissatisfaction I had in reading this book simply reflects the paucity of established facts and my personal difficulties with coming to terms with the jargon which surely leaves all but the cognoscenti cold. However the chapters by Marsden, Deecke and Hallett were notable exceptions to this. The book goes over no new ground and most of the contributors have simply regurgitated previous offerings. Motor physiologists interested in the basal ganglia would find this book too simple and old hat and for those clinicians interested in Parkinson’s disease but not au fait with the neurophysiological abnormalities in the disease this book would simply confuse rather than instruct.