Masters than current ones. Jacques Lacan's account (1932) from his thesis, of *The case of Aimée or self-punitive paranoia*, makes compulsive and very Gallic reading—it starts with the attempted assassination of a famous actress.

The editors use the word "seminal" in their introduction, and indeed on the cover. What harvest has the seed produced? At best, the authors provide superb examples of descriptions and understanding of abnormal experiences. An interest and skill in this activity is essential for all psychiatrists. In addition, naturally, there are attempts to "explain" these phenomena, or to trace their origins, or delineate the "fundamental disturbance". It is tempting to say that the all-too-familiar array of such explanations, which are still very much with us, were limited by the lack of the technical expertise which is now becoming available. But this may be more of a philosophical problem than a scientific one. In this respect, the most recent essay, by Professor Janzarik from Heidelberg, is of particular interest. In *The Crisis in Psychopathology* (1976), he gives, in the editors' words, "both an apology and a concise review of the trends in psychopathology during this century". In it, he states the "truly effective psychiatric treatment can never be developed until definitive psychopathological entities are established". But a "definitive psychopathological entity" is fundamentally a theoretical concept, and treatment may be truly effective for reasons for which no theory yet exists. On the other hand, "effective treatment" needs to be assessed by reliable and generally agreed criteria. In the process of devising our current criteria, something has been lost, and this collection reminds us of just how much, and how little, that is.

JLT BIRLEY

Medical Mimics of Psychiatric Disorders. (*Progress in Psychiatry series*) Edited by Irl Extein and Mark S Gold. (Pp 198; £15.00.) Washington: American Psychiatric Press Inc. UK Distributors: Cambridge University Press, 1986.

In the last few years it has become increasingly difficult for more than two clinicians or scientists to meet without one of them suggesting that a book containing their utterances should be published. The greater appreciation of quantity over quality and the financial rewards of the exercise, coupled with the technology that allows fast pro-

cessing of the written word, are some of the aetiological factors in this epidemic which threatens to engulf us all and for which effective treatment is anxiously awaited.

The American Psychiatric Association has now decided to add to this paper mountain by publishing the contributions to some of the yearly symposia in a series entitled *Progress in Psychiatry*. The current volume, one of the first in the series, contains a motley collection of papers dealing with the neurological screening of psychiatric patients, psychiatric manifestation of seizure disorders, associations of hypothyroidism and hypothalamic-adrenal system disorders with affective and other psychiatric illness, depression in drug addicts and medication and toxin induced psychiatric disorders. At best, as in the seizure disorders chapter, the reader is presented with a rambling, over-long review of the subject. At worst, and there are numerous examples of this, the aspiring psychiatrist is regaled with a detailed description of auscultatory percussion as a means of detecting subdural haematomas. Perhaps only those interested in learning about this archaic procedure in the era of brain imaging should be encouraged to buy the book. The rest of us can find better uses for our money.

MARIA A RON

Neuroendocrinology: a Clinical Test. By Mary L Forsling and Ashley Grossman. (Pp 206; £22.50.) Beckenham: Croom Helm Ltd, 1986.

In their introduction, the authors of this slim volume make no apology for the physiological/biochemical bias of an essentially clinical test. This is an interesting approach but has led to a somewhat unbalanced review of clinical neuroendocrinology. Most of the chapters contain excellent sections concerned with the physiology of pituitary hormone release and its control by the hypothalamus but the sections on clinical management are a good deal less comprehensive and even a little sparse. One suspects that the original title for the book was simply "Neuroendocrinology" and that "a clinical text" was added as an afterthought. Perhaps the authors themselves were uncertain about their potential readership. It is suggested that the text might be suitable for junior hospital doctors, senior medical students, specialists in non-endocrine disciplines, scientists and paramedical workers. Whilst

sections of the book will be of interest to all of these I doubt whether, as a single text, it is suitable for any. Clinicians, for example, would be disappointed to find no chapter on the radiology of neuroendocrine disease and no chapter on the neuro-ophthalmological complications of pituitary disease.

Minor criticism must also be made of the proof reading prior to publication. The structure of TRH, for instance, is shown under the heading "TSH". It was also disconcerting to note that the third reference in the introductory chapter is incorrect.

The book is good in parts, and the chapter on posterior pituitary function is particularly worthy of mention, but I doubt whether it can compete with texts on neuroendocrinology which are already available.

NF LAWTON

The Neurology of Schizophrenia. (Handbook of Schizophrenia Vol 1.) Edited by HA Nasrallah and DR Weinberger. (Pp 430; \$92.50.) Amsterdam: Elsevier Biomedical Press, 1986.

Although this is not the only handbook series on schizophrenia which appears to be in publication at the present time, this first edition certainly does credit to the overall potential of the series. Entitled *The Neurology of Schizophrenia* it consists of a series of well constructed reviews which emphasise the overall neurological abnormalities that have been discovered in schizophrenia. These include not only the findings from clinical and imaging studies, but also the anatomical, neurological and virological data.

The first chapter is an excellent introduction to the neurological examination in schizophrenia, reminding us that patients with psychiatric disorders very often present with observable clinical signs which should be looked for. This is followed by a review of the differential diagnosis of schizophrenia, then a comprehensive review of the motor abnormalities of schizophrenia by Manschreck. The latter emphasises the fact that motor abnormalities seem intrinsic to schizophrenia, and in contrast to usual expressed opinions, in some forms decrease following the administration of neuroleptic drugs.

Chapter 4 deals with tardive dyskinesia, and includes speculation on the site of pathology in the condition based upon current evidence. These chapters are followed by reviews on the EEG and evoked poten-

tials, discussion of hemisphere asymmetries and laterality, and an excellent presentation of the brain areas that may be implicated in schizophrenia by Zec and Weinberger. Interestingly, the conclusions that these authors reached were not dissimilar from those reached by Kraepelin at the turn of the century, although foundations for now recognising schizophrenia to be a disorder based on the limbic system, especially prefrontal cortex, pathology are very much clearer. This chapter deserves to be read by all those interested in the condition.

Other chapters review the CT, MRI, and cerebral blood flow findings, including positron emission tomography; anatomical neuropathology; virology and neuro-immunology. The final chapter is an attempt by Weinberger to present a neuro-developmental theory of schizophrenia based on the findings reviewed in the book.

This excellent handbook should be available in libraries for all those doing research in schizophrenia and is recommended for personal collections as well. The fact that all of the contributors come from the United States is disappointing, since much good work is going on in schizophrenia in Europe. Although European authors' are readily referenced, the failure of the editors to ask transatlantic colleagues to contribute is somewhat startling. This is not least because the underlying "neurology of schizophrenia" has been most persistently sought in Europe, while only recently again attracting a great deal of interest in the United States. It is hoped that this omission will be remedied in future editions of the handbook.

MR TRIMBLE

Blindsight: a case study and implications. *Oxford Psychology Series No 12.* By L. Weiskrantz. (Pp 187; £19.50.) Oxford: Oxford University Press, 1986.

During the 1970s, I taught a biophysics course to third year physics students at Imperial College. At the end of a lecture dealing with the visual pathways, a student enquired whether I wished to examine his brother, GY who, following a traffic accident some ten years earlier, suffered a hemianopic field loss. Although it seemed to me that little new could be learned by studying such cases, I agreed to see him, and was as astonished as he was to discover that he could detect and locate transient lights presented within his "blind" hemifield. I

knew that de-striate monkeys exhibit extensive visual capacity (Weiskrantz,¹ Pasik and Pasik²), but was unaware of the then recent reports of related responses in humans suffering damage to the striate cortex.^{3,4} This gap in my knowledge was rectified by a lecture given in London by Prof Weiskrantz and in the book under review, he is concerned with the investigation and analysis of such cases.

The book is divided into three sections; following a brief description of the historical background, the second and principal section deals with DB, the subject of the original study by Weiskrantz *et al.*⁴ The term "blindsight" was coined to reflect the ability of patients such as DB to discriminate between different light stimuli in the absence of conscious perception. Many of the experimental data presented here are previously unpublished and contribute significantly to the characterisation of blindsight. It is intriguing to read DB's attempts to articulate the basis of his "blindsight" discriminations, and in the main, his verbal reports relate tenuously, if at all, to the sensations experienced by those with normal vision.

In the final section, the author reviews related studies on other subjects, and the meticulous treatment of the various researches is a particularly admirable feature of this book. There are significant differences between individuals in the richness of visual sensation and the range of discrimination associated with stimulation of the "blind" hemifield. Some, such as subject GY, experience a clear sensation, localised within the scotomata, whilst others, such as DB, usually report no conscious awareness of the stimulus. It seems highly probable that these various expressions of residual vision are related, but the differences have yet to be explained. Identification of the underlying mechanisms is critical to our understanding of the phenomena, and the author shows that there are many similarities between the functional organisation of the retinal projections via the superior colliculus, and that of "blindsight". One specific difficulty associated with all psychophysical investigations of "blindsight" is the possible contribution of light scattered out of the "blind" into normal regions of the field. Light scatter external to the eye can be all but eliminated by the use of Maxwellian view optics for production of light stimuli, but intra-ocular scatter is unavoidable. Strong objections both to the methodology and data analysis applied in "blindsight" studies were raised by Campion *et al.*,⁵ and they attributed all reported phenomena to scattered light effects. Although the experi-

ments on which they based their criticisms were, in my view, inadequate, they did succeed in stimulating a variety of new investigations. As well as disproving the scattered light interpretation, these in some cases revealed new properties of the "blindsight" response system, and the author devotes some effort to the assessment of his own and other contributions to this debate.

The book is clearly written and well illustrated, and the organisation of the material leads to a particularly clear exposition. Over the last 25 years, anatomical, electrophysiological and psychophysical investigations of vertebrate vision have revealed many new and some quite unexpected phenomena. The sensory mechanisms which generate internal representation and classification of external objects remain, however, relatively unexplored. Detailed investigations of human subjects such as DB appear to offer special insight into these higher processes, and Prof Weiskrantz's book provides an important model for such investigations. It is essential reading not only for neurologists, neuro-ophthalmologists and vision researchers, but also for all those concerned with the nature of conscious experience.

KH RUDDOCK

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