Book reviews

compiled by some 50 contributors from six countries. It fulfils a special need for coverage in depth of the most common form of neuropathy in Europe and the United States of America. For the clinician there are excellent sections in the first two thirds carefully outlining the extent of neuropathic complications, their presentation, investigation and treatment. In particular the difficulties in determining the incidence and the basis for making the diagnosis (whether on clinical symptoms, signs, electrophysiological findings or combinations) are discussed. The classification and clinical features are well covered and there is special emphasis on autonomic involvement, with extensive sections by appropriate experts on the tests available, their clinical application and treatment.

The problems posed in treatment by metabolic control are discussed and there are sections on experimental work with myo-inositol supplements and aldose reductase inhibitors. The final section covers experimental work with extensive discussion of the pathophysiology relating both to pathological observations in man and laboratory work with animal models.

It is difficult to single out particular sections for many chapters are excellent although Peter Dyck's contribution on pathology is masterly. Inevitably there is some repetition (even identical figures) and perhaps a brief overall summary of the experimental work would help the clinician, but these are minor criticisms.

It purports to be an overview of diabetic neuropathy and succeeds in this aim. The work is well set out, has up to date references, and will I expect be the definitive monograph on diabetic neuropathy. It should prove most useful not only for the practising neurologist, but also the diabetic physician and the neurophysiologist. I recommend it highly.

T FOWLER

Psychiatric Aspects of Epilepsy. Edited by Dietrich Blumer. (Pp 345; £25.00.) Washington: American Psychiatric Press; UK: Cambridge University Press, 1987.

The relationship between epilepsy and mental disorders has been a source of great interest and controversy since the first literature on "the sacred disease". Until the beginning of this century the dominant view was that epilepsy was inevitably accompanied by lunacy or deterioration in intellect

or personality. Indeed it is only in the last 30 or 40 years that epilepsy per se, that is, without deterioration, has finally been dropped from most international or national classifications of mental disorders. In this century interest in the psychiatry of epilepsy has declined as the primarily neurological nature of epilepsy has been more accepted and in association with the increasing separation of neurology and psychiatry. Furthermore the studies of Lennox in the 1930s first showed that most epileptic patients have normal mental states. However, in more recent years there has been renewed interest in this subject in view of the more modern epidemiological studies which suggest that one-third or more of epileptic subjects may have significant psychological disorders and in view of some of the overlapping phenomena of certain types of seizures and some psychological disorders. Interest has been renewed also in view of the relationship between specific seizure disorders, such as temporal lobe epilepsy, and certain psychiatric problems such as psychoses or personality change. Such considerations led in 1981 to the publication of a multi-author British textbook on epilepsy and psychiatry¹. This has now been followed by an all American multi-author work on psychiatric aspects of epilepsy.

As the title implies this is not a comprehensive textbook and there is surprisingly little overlap with its British counterpart. The editor provides an excellent and detailed historical introduction on the *Psychiatric Dimension of Epilepsy*. This is followed by another fine *Epidemiologic Overview of Epilepsy* by Zielinski. The chapters on *Neurological Aspects* (Niedermeyer) and *Medical Treatment* (Rodin) would grace any standard book on epilepsy. We then come to the five more specifically psychiatric chapters. Two of these deal with behavioural aspects of temporal lobe epilepsy (Bear *et al*) and temporal lobe surgery (Earl Walker and Blumer), one with psychosis (Ferguson and Rayport), one with major mood disorders related to epileptic changes (Himmelhoeh) and one with pseudoepileptic seizures (Rodin). The latter is the least controversial. Rodin refers the reader to other recent reviews and bases his chapter on his own considerable experience. Since an electrophysiological study by the Gibbs' in 1948 first suggested an association between anterior temporal discharges and personality disorder arguments have raged inconclusively about whether there are specific psychological consequences of temporal lobe epilepsy. Bear and colleagues, with the aid of detailed case studies, favour

the hypothesis and believe that "the interictal behavioural syndrome is a frequent and specific consequence of limbic epileptic discharge". However, this is a less than balanced summary of the evidence and scant attention is paid to the studies of fellow American Dr Janice Stevens over the last 30 years who comes to rather different conclusions. Psychoses of epilepsy have always generated interest out of proportion to their frequency in view of the potential for illuminating non-epileptic psychoses. Here the arguments have arisen from differing Anglo-Saxon and European viewpoints, much of it based on terminological confusion, as emphasised by Ferguson and Rayport. The most controversial chapter is by Himmelhoeh who reports that 10% of patients attending an affective disorders clinic have subictal or interictal mood disorders. Although claiming to break new ground it is in fact in line with a centuries old tradition of associating anything vaguely paroxysmal with epilepsy and will, I suspect, be unconvincing to most psychiatrists. It is a pity the book does not address the very common problem of depression in epileptic patients attending epilepsy clinics or in the community. Finally, there is a delightful chapter by the late Dr Geschwind on *Dostoevsky's Epilepsy*.

In summary, for those interested in history, epidemiology and the most controversial aspects of the psychiatry of epilepsy this book can be warmly recommended but for a more balanced and comprehensive view of the subject I advise the reader to consult both the British and American books.

EH REYNOLDS

Reference

- 1 Epilepsy and Psychiatry, edited by EH Reynolds and MR Trimble. Edinburgh: Churchill Livingstone, 1981.

Epilepsy: Progress in Treatment. Edited by Mogens Dam, Svein I Johannessen, Bengt Nilsson, Matti Sillanpaa. (Pp 290; £37.00.) Chichester: John Wiley & Sons Ltd, 1987.

This is yet another compilation of the papers read at an international symposium, this time a symposium held in November 1986 in Goslar, West Germany, the purpose of which was "To discuss the state of the art in the treatment of epilepsy". The neurologists and paediatricians who took part in this

meeting are all from Scandinavia so that the volume could fairly be considered to represent the modern Scandinavian view of epilepsy. Some of the papers are extremely short, for example that on neuropathology takes up less than three pages of script, but some are much more thorough in their consideration of their subject; for example, a comprehensive epilepsy service from the National Centre, Sandvika, Norway is discussed in 19 pages. Perhaps for the clinician, the most useful papers are those concerned with neuroimaging and PET, the differential diagnosis of epilepsy, and the chapter on drug therapy with its inevitable algorithm. A useful chapter on epilepsy in pregnancy is followed by a discussion of monotherapy as against polytherapy and a discussion of eventual withdrawal of antiepileptic drug treatment. Status epilepticus is briefly reviewed and some of the newer anti-convulsant drugs are described.

The overall impression given to this reviewer, is that there is nothing much new in the field of epilepsy which has not already appeared in the journals or has not already been reviewed in leading articles in the major medical journals. As far as the production is concerned, the volume is attractive, the printing is excellent, there is a comprehensive index but at £37 I think these proceedings will be of little interest except to those who attended the symposium and no doubt they already have their abstracts.

JB FOSTER

Eye Movement Disorders. Edited by E A C M Sanders, R J W de Keizer, D S Zee. (Pp 280; £79.90.) Dordrecht: Martinus Nijhoff, 1987.

A great deal is known about the neural mechanisms controlling movements of the eyes and, with the advent of powerful imaging techniques, clinico-pathological correlation and understanding of disorders of eye movements has advanced rapidly. This book is derived from a two-day course on the topic held in the Netherlands in 1986. One might be forgiven for suspecting that it was another camera-ready publication of the proceedings of a conference but that is not the case. There is full coverage of the anatomy and physiology of the oculomotor system, the techniques of clinical examination of eye movements, the interpretation of diplopia, nystagmus and oculomotor palsies and even some discussion of treatment.

Each chapter is a comprehensive review of the topic and the authors are widely drawn from ophthalmology, neurology, and a range of other appropriate disciplines. The majority of the faculty who gave this course come from the Netherlands and are experts in their fields. There are many informative illustrations and each chapter is well-referenced. Overall, the volume will provide a useful introduction to this field of neuro-ophthalmology.

CD MARSDEN

Neurotrauma: Treatment, Rehabilitation and Related Issues Vol 1. Edited by Michael E Miner and Karen A Wagner. (Pp 304; £55.00.) Sevenoaks: Butterworths, 1986.

This book reports the first Houston Conference on Neurotrauma, a series convened with the ambitious aim of covering "the entire spectrum of the study and management of head injury". Inevitably this conference made use of local interests and strengths and this doubtless accounts for the rather strange mixture of topics. Their allocation between the headings of acute treatment, evoked responses and rehabilitation/outcome also seems odd in some cases. Surely papers on post-traumatic amnesia and on post-traumatic epilepsy belong under outcome rather than acute treatment, as does that on evoked potentials in rehabilitation? The chapter on prevention rests uneasily in the section on rehabilitation!

There are two interesting general contributions to begin the book. One is from an epidemiologist, on the "Demography of Head Injuries in the USA;" and the other from a professor of ethics, on "decisions to Treat the Severely Injured." These are both well referenced and are perhaps the most original contributions in this book. They each deal with an issue of general interest and they should be widely read.

The next four chapters deal with the pathophysiology of cardiopulmonary changes, cerebral oxygen delivery, intracranial hypertension and metabolic responses associated with severe head injuries. These provide a local view of issues that have been dealt with in numerous conferences and books in the last decade. The last two chapters in this section are on post-traumatic amnesia and post-traumatic epilepsy. That on PTA explores the relationship between the duration of coma and of PTA. The concept of PTA as an index of severity was proposed by Ritchie

Russell in Britain more than 50 years ago but in America it has not been widely used except for reporting military injuries from Korea and Vietnam. It is therefore good to see it being adopted in the civilian context. However, the Texas workers have introduced a new concept—of PTA beginning only when the patient emerges from coma. This makes the Texas figures incompatible with those used by everyone else so far. But it also detracts from the unique advantage of the PTA, that it does not depend upon documentation or data about the patient in the acute stage when emerging from coma. Instead it can be assessed by speaking to the patient even months or years later.

The two chapters by the same authors of evoked responses—in the Intensive Care Unit and on the diagnosis of brain death—consist largely of a collection of case reports. Evoked responses are not widely used either in the acute stage or during rehabilitation in most places, and these contributions are therefore of limited interest. The account of rehabilitation is an interesting review of another topic that has provoked a cascade of contributions from various places in the last decade.

Putting together a good conference and writing a good book are different exercises. There are increasing numbers of speakers who are unhappy about their contributions being preserved between hard covers and some scepticism about the value of conference reports other than as aide-memoires to those who were actually at the conference.

BRYAN JENNETT

Role of Drug Treatment for Eating Disorders. (Brunner/Mazel Eating Disorders Monograph Series.) Edited by Paul Garfinkel & David M Garner. (Pp 180; \$27.50.) New York: Brunner/Mazel. Distributor: Raven Press, 1987.

Articles written five years ago describing drug treatment of anorexia nervosa ended on a pessimistic note, concluding that pharmacotherapy added little, if any benefit, to skilled nursing management and psychotherapy. But here we have a book of nine chapters each of which reviews the theoretical premises and empirical evidence for the efficacy of a wide variety of pharmacological agents. This change in emphasis has occurred because of an assimilation of knowledge from the basic sciences and from parallels drawn from other fields