Book reviews


It must be an achievement to organise an international symposium on MND in a country with much more pressing health problems than a disease with a local incidence of 4/100,000. This book records the proceedings of a meeting held in Bangalore, India in October 1984. It is divided into six sections: Epidemiology, Aetiopathogenesis, Biochemistry and Morphology, Clinical Aspects, Experimental Model and Therapeutic Trial, and a Concluding Session.

The contents reflect the interests of those who participated. The reader will find several chapters describing the experience of Indian neurologists with MND, spinal muscular atrophies and such entities as “monomelic amyotrophy”, “Madras type of MND” and the “Wasted Leg syndrome”. There is only one contribution on an experimental model, that of den Hartog Jager on ascorbic acid deficiency in the guinea pig. Only one negative therapeutic trial, that with subcutaneous N-acetylcysteine by the same author, is included. The issue of methods of assessment of deficit and disease progression, essential for trial work was not discussed at the symposium. The quality of the contributions, as expected in a meeting of this type, varies considerably. One chapter on the neuroepidemiology of MND resembles a lecture for medical students, definitions of mortality, prevalence and incidence included. In contrast, there is an authoritative overview on MND by Kurland and Mulder and a formal, careful, presentation of original data supporting the impaired DNA repair theory by Bradley et al. The lucid, detached contribution of A Hirano on neuropsychological aspects stands out.

The chapters on the proposed environmental deficiency of calcium and magnesium in the aetiopathogenesis of ALS in the Western Pacific (Yase, Garruto) are followed by a stimulating chapter by Gadjesk on his neurofilament accumulation-neuronal lysis hypothesis for ALS, Alzheimer’s disease and Parkinson’s disease. Few would agree with this last author’s statement that the cause of ALS and PD and the early appearance of neurofibrillary tangles in the Western Pacific foci “is essentially solved”. The more recent work of P Spencer on the role of cycad in these foci was not then available, but the subject is considered in Kurland and Mulder’s chapter.

The readership to which this book is aimed is not clear. It may be useful to those that attended the meeting. Coming out three years after it was held it is unlikely to match fuller descriptions of the original work reported by the same investigators in scientific journals. For those interested in MND there is plenty of information and references about the work of Indian authors.

 Nevertheless this book is highly readable and convincing and can be strongly recommended to all mental health professionals, especially now when large psychiatric hospitals are being closed without adequate community facilities. At £9.95, Recovery from Schizophrenia is an astonishing bargain.

MARTIN CORDERO


It is a relief to read a book on psychiatry which has only one author. Richard Warner’s powerful and convincing ideas permeate each chapter. The underlying theme, idealistic and controversial, is that only a radical change in our society will give schizophrenics a chance of real recovery. The Third World has something to teach the developed countries: social acceptance, lack of stigma, community involvement, high tolerance by relatives and friends.

The author believes that improvement in the course of schizophrenia will only be effected by genuine and meaningful employment in the labour force. Along with Ciompi and Zubin et al. Richard Warner thinks that chronicity in schizophrenia is an artefact due to institutionalisation, drug treatment, stimulus deprivation, etc. rather than the natural outcome of the acute phase.

Neuroleptics are not completely dismissed but “in practice drug treatment is all too often used as a cheap substitute for adequate psychosocial care”. The advocacy of the use of minor tranquillisers instead of neuroleptic medication will not be received with approval, nor will the statement that “much of the observed post-psychotic depression is in fact the depressive phase of manic/depressive illness misdiagnosed as schizophrenia.

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Desk Reference to the Diagnostic Criteria from DSM III R (Pp 336; £15.00)

Quick Reference to DSM III R (Pp 337; £12.95)

The highly influential American 3rd edition of the DSM, DSM III, appeared in 1980. Although issued in competition with the WHO’s ICD-9 classification, it quickly became a bestseller, appearing in 13 languages. The secret of its extraordinary success was its use of strict, explicit criteria for each of a hundred psychiatric diagnoses. Phlegmatic Europeans initially regarded it with mistrust and indeed, it is little used by clinicians outside America. Yet the international research community unashamedly has embraced its easy-to-follow recipes, offering as they do the promise of high diagnostic reliability.

Despite this success, the working parties of the American Psychiatric Association, have now revised the DSM III. Why? After all, DSM IV is due in 1992, along with ICD-10. The reason given for this unscheduled revision, DSM-III-R, is that new experimental data warranted it. The result is much rather minor tinkering with many of the diagnostic criteria. Often this involves altering specifications of symptom duration of age at onset, which were somewhat arbitrary in the first place. Thus, autism and schizophrenia lose their upper age limits. A few disorders are rechristened (again). The fashionable seasonal affective disorder makes its official debut. Organic disorders escape largely unchanged. One welcome addition is the provision of criteria for schizoaffective disorders.

It is questionable whether this revision was really needed. It does highlight one of the main criticisms of such strict operational criteria: their inflexibility does not allow assimilation of even the slightest change in...
scientific opinion without the whole machinery having to be reconstructed. For those of us currently involved in research using DSM-III, suddenly to be handed new tablets of stone out of a clear sky is rather depressing. Yet tablets of stone what they are, if the impact of DSM-III is anything to go by. By the time this review appears, access to DSM-III-R will be mandatory to all those with an interest in psychiatric research. All medical school libraries should own a reference copy of the complete manual. I would steer individuals towards the pocket-sized ring-bound desk reference. SW LEWIS


Professor Haines’ atlas is a large spiral bound paperback, intended mainly for undergraduate and postgraduate students. Three chapters cover the gross anatomy of the brain, including dissection of the interior, and unstained coronal and transverse sections, tilted in the CT plane. Chapter 5 begins an atlas of stained sections extending from the spinal cord, through the brain stem to the diencephalon and basal ganglia, and the book concludes with diagrams of the main nerve pathways.

Of the chapters added to this edition, the third, covering internal dissections of the brain, is essential if the atlas is to accompany practical classes. An enlargement of the central area of fig 3.6, showing the geniculate bodies would be an advantage. The figures in chapter 6, also new, are particularly clear and crisp, but the invitation to correlate horizontal and vertical sections of the diencephalon will appeal to few undergraduates. Chapter 8, in which magnetic resonance images have been added to a short CT and angiography atlas, is a timely reminder that these methods have been the most dramatic advance in applied neuroanatomy this century.

The atlas is accurate, comprehensive and modern. The spinothalamic tracts are grouped into one “anterolateral system” in the modern idiom. The corticospinal fibres are placed well back in the posterior limb of the internal capsule, as recent clinical research suggests, and terminate appropriately in laminae V–IX. The ventral spinocerebellar tract takes origin, as Hongchia showed so elegantly, from the posterior part of the anterior grey column. The ventral tegmentum, the area postrema and the septal nuclei, and the postgraduate, the Edinger Westphal nucleus and the pretectal area of interest. Woolf’s important work of the surgical significance of the paraventricular organs has not, however, ensured their inclusion.

There are some personal gripes. There are no simple diagrams of the whole brain to help students sort out its main parts on the first day. In the same way the morphological and functional anatomy of the cerebellum is entirely lost in a welter of controversial names and fissures. All atlases of this type would be so much more useful in the practical room if labelling was built up progressively, so that the earlier drawings identified the major divisions, and the later ones concentrated on local topographical detail. The distribution of the cerebral vessels is comprehensively covered, but there are no dissections of the vessels themselves. The transverse temporal gyri are well shown in fig 3.1, but the striking differences of left and right are ignored—one of the few sites at which there is regular anatomical evidence of cortical asymmetry. Turning to the section atlas, only one half of each level is shown, the opposite half being a labelled tracing. This though a common practice is not successful, and destroys the natural symmetry of the level. In any event diagrams of the same side as the photograph would make finding structures infinitely easier. Students will find the outlines of some of the nuclei impossible to relate to the structures illustrated (for example, the nucleus ambiguus in fig 5.8). This is exactly how faith is broken in the practical room, and could have been avoided by using sections in which the cell bodies are stained, as we do in class practicals in Glasgow. However, the sceptical or rebellious undergraduate, who, like some of his mentors, wonders how “tract” outlines are plotted where no tracts seem to exist, or how diagrams of “connections” are built up will find some consolation in the excellent and thoroughly modern bibliography.

The need for a good “traditional” neuroanatomical atlas, such as this, is unquestionable: the queues which form round labelled specimens in our own museum bear witness to this. The problem remains that neuroanatomy courses for medical students nowadays will rarely exceed 40 hours in total, and many are perfunctory or non-existent. For the £19 which this atlas would cost, the average undergraduate could buy an excellent primer which would cover all his theory and include a summary atlas as well. Teachers, however, and especially those who have struggled with real brain sections, will find this an excellent and reliable supplement to an old Ranson, and superior to many other comparable atlases.

Sydenham wrote of the brain that “noglob- igit contemplation of its structure would tell us how so coarse a substance......still subserves so noble an end”. In many ways this is still true, but read with insight, the thrill of modern neuroanatomy is here. And for the real neuroanatomist, leafing through Haines has all the fascination, charm and romance of leafing through an atlas of the world. JOHN SHAW DUNN


This volume carries the abstracts of the papers read at the 37th Annual Meeting of the German Neurosurgical Society held in 1986. Three main topics were under discussion, namely regulation of cerebral blood flow and metabolism, neurological treatment of epilepsy, and rehabilitation in neurosurgery.

The individual abstracts, unfortunately, are very variable. Some are too brief to be of any real value and others are simply a review of current approaches with no new information. Those papers in which some detail of methodology and results are given are of interest but even in these their brevity detracts from their real value.

I found the critical biography of Otfried Foerster by Professor Zulch of great interest and would recommend it to be read. Of the three topics under discussion the one on epilepsy is the most coherent and to those surgeons involved in this field worth reading. In particular the small series of patients evaluated with the PET scanner indicates a significant application of this technique in temporal lobe epilepsy. The article on the micro-anatomy of the anterior choroidal artery system is very useful if a selective amygdalo-hippocampectomy is to be recommended as the procedure of choice in a specific case.

The section on cerebral blood flow and metabolism covers a wide area with some papers of interest and some new observa-