Book reviews

More Dilemmas in the Management of the Neurological Patient. Edited by Charles Warlow and John Garfield. (Pp 212; £22.50.) Edinburgh: Churchill Livingstone, 1987.

The first edition of *Dilemmas* was very well received; this second one follows within three years, an indication of its popularity. Like its predecessor its origins are to be found in Oxford where a lively two day series of debates were contrived for this purpose; the contributors, suitably chastened by their inquisitors, were then persuaded to put pen to paper.

There are 26 contributions containing a balanced mixture of neurology and neurosurgery. The range of topics is wide. All are of immediate interest and importance. The range of subjects includes inter alia: Bacterial meningitis—which antibiotic? Psycho-surgery: what proof is there of its value? When should spinal extradural metastases be treated surgically? Levodopa or bromocriptine for Parkinson's disease: which, how much and when? Do anticonvulsants influence the natural history of epilepsy? Can the course of multiple sclerosis be predicted? Should optic neuritis be treated?

Without exception these contributions make sound, informative good reading: some are stimulating and mildly provocative. For my taste others could have been more provocative: conclusions that "the ultimate answer will lie in more, or in better controlled trials" sound lame and unnecessarily defensive in a book of this type. The point of the exercise should be to indicate what the author and most of us have to do in practice, on the basis of existing evidence, whilst awaiting results of such trials. As Warlow and Garfield point out "certain knowledge is dull, while the uncertain is entertaining." But, it goes further than that. Not only books, but clinical teaching founded on certain knowledge can certainly be uninspiring, and patients' pressing illnesses continually dictate the clinical necessity for informed conjecture, for inspired speculation.

To what extent are current dilemmas resolved by these essays? Tentative solutions suggest we should treat TIAs with aspirin in a dose of 1000–1300 mg/d; that cerebral blood flow studies do not materially help the clinician; a synthesis of neural and vascular theories best explains migraine; many unruptured angiomas may be best left untreated; decompressive surgery has a

place within the first week of incomplete traumatic paraplegia although neurological recovery is unaltered. At a more technical level the arachnoiditis demonstrable in two-thirds of cases after myodil (iopendylate) myelography has not been a feature of non-ionic contrast media; the advantages of ambulatory EEG monitoring outweigh the time and costs it demands.

It is a pleasure to have these and other controversies served up as such palatable fare. The volume is well produced, clearly illustrated and contains a judicious selection of references to allow the reader to pursue the individual issues under debate. In the face of an ever increasing mass of medical papers of very varying quality, it is refreshing to find topics of importance selected and discussed and the exercise of clinical criticism displayed.

JMS PEARCE

Essentials of Clinical MRI. Edited by H M Falke. (Pp 235; £49.50.) Dordrecht: Martinus Nijhoff, 1987.

This book is made up of the lectures given at a recent course organised by the faculty of medicine of a Dutch university. Emphasis is laid throughout on the clinical usefulness of MRI, and the organisers clearly intended the course to provide a comprehensive "state of the art" appraisal. The 27 lectures are grouped under five headings, namely general principles (physics and potential hazards), neuro imaging, cardiovascular imaging, abdominal imaging and musculoskeletal imaging. Of the lectures, three were technical and 10 were concerned with the imaging of the brain and spinal cord; together they comprise 50% of the book.

The neuro imaging section includes several useful papers which blend personal experience with the results of comparative studies of MRI and other methods such as CT and PET. The following points are made: MRI, in addition to providing "bread and butter" imaging in demyelinating diseases, may be uniquely successful in revealing small acoustic neuromas (including intracranial), as well as degenerative diseases of white matter and medial temporal sclerosis, Wilson's disease and Huntington's disease, all of which CT fails to show. Recent advances such as enhancement with gadolinium-DTPA and sodium and chemical shift imaging enable MRI to contribute to the differentiation between oedema and infarction, between tumour and surrounding oedema, between glial scar and

small glioma, and between fat and lipid (allowing certain metabolites to be identified). No major clinical use has yet emerged for spectroscopy. The message is clear that MRI possesses greater sensitivity and specificity in a number of defined diagnostic areas, in which experience with CT has been disappointing. Spinal MRI is a good example: the "full-length, horizontal" view of the spinal cord and surrounding structures is attractive and useful to surgeons; it is this similar to but more accurate than myelography.

Armchair MRI watchers may be deterred from buying this book by its high price. The individual papers, typewritten and unedited, have a patchy quality, and the contents of several would have been improved by the use of standard medical English. There are "better buy" books on the market now which cost less.

E H BURROWS

Neurotoxins and their Pharmacological Implications. (*A Biological Council Symposium.*) Edited by Peter Jenner. (Pp 315; \$54.00.) New York: Raven Press, 1987.

This book makes intriguing reading for anyone interested in mechanisms of neural cell damage. Selective vulnerability of neurons is discussed early with particular reference to anoxia, epilepsy and hypoglycaemia and the differing effects these have on the normal hippocampus and how this ties in with glutaminergic neurotransmission – the "excitotoxic" theory. Strategies for blocking such triggering events are given, for instance using glutamate receptor antagonists (which include some anaesthetics) and damage limitation by reducing the harmful effects mediated by calcium, lipid oxidation and cytotoxic proteins is discussed. In other chapters the background and current classification of the excitatory amino acid receptors are described and the hypothesis expanded to include mechanisms of cell dysfunction in many other neurological conditions such as spasticity, Huntington's chorea and cerebellar degenerations.

There are several chapters discussing a large variety of toxins from spiders, sea anemone, bees and snakes and how they can be used to analyse ion channels, neuronal nicotinic receptors and glutamate receptors. These may be of passing interest to most clinicians although some will be interested to hear that histrionicotoxin is not the aetiological agent responsible for myalgic