

(longitudinal paraffin section of a nerve in "AIDS neuropathy" with trichrome stain) fails to demonstrate what the authors claim is "considerable loss of myelin". Errors which should be corrected are found here and there. In page 67 the text describes a case with a left temporal *Toxoplasma* granuloma but the corresponding figure shows a ring enhancing lesion in the right frontal lobe. Microglial nodules are not specific, as the authors state in the text, and not "typical of AIDS encephalopathy" as they state in figure 3.2.

Although a great deal of information has been adequately summarised by the authors and the illustrations and introductory chapters are generally clear and appealing, neurologists in training may not find enough depth in the clinical sections to make this a useful textbook. General physicians in the UK will find that part of the clinical advice given is at variance with the current practices of their neurological colleagues. The references are relatively comprehensive and up to date.

RJ GUILLOFF

The Human Brain. By Paul Glees. (Pp 204; £32.50.) Cambridge: Cambridge University Press, 1988.

This is a delightful overview of the nervous system by a distinguished neuroscientist who is perhaps best known as a neuroanatomist but who has also written widely on experimental neurology and neuropathology. The book deals with more than the human brain. The range of topics touched upon is immense, encompassing evolution and developmental embryology, neurohistology, regeneration, transmission, blood supply and CSF circulation, the hypothalamus and the special senses. It is a slim volume, packed with illustrations, most of them clearly drawn line-diagrams, and can be recommended as an introduction to the nervous system for the undifferentiated medical student embarking on neuroanatomy and histology or for those in paramedical disciplines where some insight into the structure and workings of the nervous system is desirable. The treatment is necessarily superficial though informed but the value of the book lies in the pictures not in the text. The first sentence is arresting: "For the last twenty years considerable interest has been directed towards brain research". In addition to many interesting historical references there are, scattered through the

text, little examples of the author's whimsical musings such as that found in a section on ageing and dementia where there is a paragraph on the problems of retirement. Elsewhere he warns of the dangers of disco-dancing. The book is clearly recommendable to the young.

LW DUCHEN

Trauma Management. 2nd ed. Edited by John F Burke, Robert J Boyd, Charles J McCabe. (Pp 648; £67.50.) London: Wolfe Medical, 1988.

The latest edition of this multi-author North American book provides a comprehensive overview of modern trauma management which is particularly directed at surgeons and others in training for the emerging speciality of Accident and Emergency Medicine. The book would also be of great value for general surgical and orthopaedic surgical trainees and is sufficiently clearly written to be a reference work for emergency medical technicians.

The strength of the book is the clarity with which the principles of trauma management are enunciated in the first few chapters and re-enunciated from the perspective of each of the different specialities involved in trauma care. In the latter half of the book dealing with trauma to the individual systems, the chapters progress from the general principles of management to specific details of each pattern of injury which commonly affects different organ systems, or long bones.

The book is particularly clear in describing the well-known pitfalls in trauma management (such as delayed rupture of the "bucket handle" descending aortic tear) diagnosed by the widened mediastinum on chest radiograph. The diagnostic patterns of each common trauma syndrome are thoroughly covered in the book, and this clearly reflects the enormous experience which the authors have over a wide range of penetrating and blunt trauma.

The book has two weaknesses: there is no chapter describing injuries to the eye, and the chapter describing head injury management is lacking in clarity in comparison with the other chapters of the book.

The head injury chapter does not discuss pathophysiology of brain damage after head injury, a necessary prerequisite for rational management. There are no references to diffuse axonal injury, or to the effects of brain injury upon cerebrovascular autoregulation. Failure of autoregulation is an important pre-disposing cause of second-

dary ischaemic neuronal damage in the multiple injured patient, and the management implications for trauma patients are considerable.

The authors do not include clear criteria for admission, CT scan or skull radiography for head injured patients, and the dangers of ambulance transfer of the unconscious head injured patient are not mentioned. Intracranial pressure monitoring is occasionally mentioned but criteria for its use are not mentioned. The head injury chapter is not specifically referenced in contrast to the rest of the book.

The chapter on spinal injuries covers both blunt and penetrating trauma very fully, and reflects the North American bias in favour of operative intervention for selected patients with bony instability and neurological signs.

This practical, up-to-date and comprehensive book is recommended for all clinicians with an interest in acute trauma.

ROSS BULLOCK

Neurotrauma: Treatment, Rehabilitation and Related Issues—2. Edited by Michael E Miner, Karen A Wagner. (Pp 194; £45.00.) Guildford: Butterworth, 1988.

This compact multi-author volume edited by a neurosurgeon and rehabilitation specialist represents the published proceedings of the 2nd Houston Conference on Neurotrauma. As its title suggests, it is not a comprehensive text, but rather a pot pourri of issues in head and spinal injury arranged in four sections. The first of these, on acute head injury management consists of a chapter on mild and moderate head injury which reviews data that were published some three years previously in another journal. There are two chapters on barbiturate therapy, one reviewing data which has also been published and the other discussing a trial still in progress without revealing the results. There is a chapter on facial fractures which makes the curious point that these injuries may protect the brain from severe damage because of the shock absorbing nature of the facial skeleton. Although 72% of these injuries result from road traffic accidents, the value of the wearing of seat belts is not mentioned once in this chapter.

The second section, dealing with recovery from head injuries, contains a short review by Sir John Eccles followed by chapters on the use of topical anaesthetics in the relief of spasticity, EMG in studying motor function, and the use of CT and MRI in assessing brain damage. The third section, devoted to the

combination of head and spinal injury, contains two chapters that address the interesting finding that a considerable proportion of spinal cord injury patients show cognitive and other neuropsychological impairments upon formal testing. This was observed in 43% of 130 patients in one series and 57% of a series of 30 patients. In both cases the authors have ascribed this neuropsychological deficit to occult head injury occurring at the time of the spinal cord injury without considering that patients with acute spinal cord injury may become hypoxic and hypotensive and that these insults may be responsible for subsequent brain dysfunction. Nevertheless, the findings would be of interest to those responsible for planning spinal rehabilitation programmes. The final section, devoted to late sequelae of head injury, addresses issues related to behaviour modification therapy, sexual difficulties after traumatic brain injury, the design of rehabilitation strategies based on understanding the pathology of traumatic brain injury, problems of stress and burn-out in rehabilitation staff and ethical considerations in instituting aggressive therapy and deciding when to terminate it.

Because of its diversity this small book has something in it of interest to the broad spectrum of people who treat patients with head and spinal cord injury, both in the early and late phases. Much of the material has been published elsewhere, but one would have to review a very large number of journals to find it. For departments that have a major interest in head and spinal injury this book is well worth having in the departmental library.

J DOUGLAS MILLER

Rehabilitation of the Physically Disabled Adult. Edited by C John Goodwill, H Anne Chamberlain. (Pp 881; H/b £55.00; P/b £24.50.) London: Chapman and Hall, 1988.

The editors have assembled a formidable array of British contributors to this unique book, which is concerned with all conceivable aspects of physical disability. It is arranged in eight sections that include sensory and communication disorders, and neurological as well as musculo-skeletal disorders, disability equipment and delivery of services. Incontinence, psychological and sexual problems, skin and dental care are all covered, as well as wider issues such as housing and social services, education and employment.

It is a sad reflection on British neurology

that only four of the chapters on neurological disorders are written by neurologists; most of the others are by experienced rheumatologists who have admirably filled the gap. There are very few omissions, although the rehabilitation of peripheral nerve injuries and post-operative neurosurgical cases might have deserved specific consideration. The management of hysterical conversation syndromes is, perhaps wisely, avoided.

Many different health care professions will find much useful information by reading this volume and gain invaluable insights into the practice of others. Neurologists and neurosurgeons will learn all they need to know, but were never taught, about such diverse topics as wheelchairs and seating, orthotics, environmental and communication aids. The only conceivable rivals to this book are a couple of recent American tomes that are more detailed and expensive.

I personally learnt much from this well-produced and reasonably priced work. It is easy to dip into, since each chapter is relatively brief yet comprehensive and self-contained. It is warmly recommended, particularly to busy neurologists or surgeons who wish to broaden their outlook and improve their management of the disabling consequences of neurological disease.

RICHARD HARDIE

Use of Anticonvulsants in Psychiatry: Recent Advances. Edited by Susan McElroy, Harrison Pope. (Pp 180; \$22.50.) New Jersey: Oxford Health Card Inc, 1988.

Anticonvulsants may not be everybody's first choice of psychotropic drug. Indeed, although many of us would be prepared to admit that carbamazepine could have a place in the psychotropic therapeutic field, few of us would acknowledge that either valproate or phenytoin could be useful. It will therefore come as a surprise to learn that phenytoin was used in the late 1940s and early 1950s as both an antipsychotic and antidepressant drug, interest in it dwindling with the advent of the superior phenothiazines in 1952. Valproate (a more recent drug), has also, surprisingly, been tried in several studies as a treatment for depression.

The Use of Anticonvulsants in Psychiatry, Recent Advances is an excellent overall introduction to the use of anticonvulsants in psychiatry. It is a multiauthored book which reviews the history, pharmacology, and clinical applications of all the major anticonvulsants, together with some of the minor ones.

The standard of editing is high, so that stylistic differences between chapters and authors are kept to a minimum. Multiauthored books frequently suffer from unevenness of presentation of material in different chapters. The editors have demanded, and got, a high standard of material from each of their authors, which makes the book more readable, and better value, than it would otherwise be.

As a front running psychotropic drug carbamazepine is clearly the anticonvulsant of choice. It is being used widely in mania and depression, with considerable success, and the chapter by Post details fully all the major studies to date. His conclusions, that "the drug appears capable of exerting rapid onset of robust anti-manic effects in more than 50% of patients, and a more delayed onset of antidepressant effects in a smaller percentage of depressed patients", must make it an important addition to the clinician's armoury.

Phenytoin, ethosuximide, and clonazepam have all been used in the treatment of both psychotic and depressive illnesses. It depends on the study as to whether or not you believe that they are effective. The review chapters offer evidence both ways. What is, however, clear is that some studies do report quite marked psychotropic effects, and thus a more detailed knowledge of these drugs and their psychopharmacology should be obtained by all of us who treat patients with epilepsy. Sodium valproate also has some antidepressant effect, probably mediated by the gammaergic control of the noradrenergic neurons involved in mood control. It has also been used in eating disorders, and in rats has a significant effect on the circadian sleep/wake cycle. Clearly, it is more than a simple anticonvulsant.

This book is a necessity for any physician involved in the treatment of patients with epilepsy, as a thorough reading of the review chapters brings one up to date with the very wide spectrum of psychotropic effects that can be expected from routine anticonvulsant medication. Psychiatrists will also benefit from a copy on their shelves, as some of these drugs should be considered in resistant affective illnesses and in disorders of behaviour. A useful book for the practising physician.

PETER FENWICK

Diagnostic Tests in Neurology. By G H Perkin. (Pp 321; £19.95.) London: Chapman and Hall Medical, 1988.

This is one of a new series of books intended both for trainees and established clinicians and