

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 marked psychotropic effects, and thus 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 gamma-aminobutyric acid (GABA)ergic 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 E 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 as

J Neurology 1989; 130: 690-691