

useful and recommended for teaching purposes, and it has a steady momentum which makes it enjoyable to read. The specialist may find minor differences of emphasis, opinion and practice. The sectional annotated key references are well chosen and are a further educational stimulus.

This is an excellent, wide-ranging manual and it achieves what it sets out to do. It slips easily into and out of a white coat pocket and is a valuable book for use in the wards or in the clinic. I recommend it to neurologists and physicians in training, and to senior medical students for reference and instruction. Clinical Neurologists can read it with pleasure and profit as a short text book of neurology. If, as I hope, this manual can be revised into a 3rd edition and on into further editions at approximately three to four year intervals it deserves to become an essential *vade mecum*.

J R HERON

**The EEG Handbook.** By Frances M Dyro. (Pp 99. Illustrated; Price: £15.95.) Boston, Little, Brown & Co. U.K. Distributors: London, Churchill Livingstone. 1989.

This is a well balanced short book on the interpretation of EEGs from adult subjects. There are brief introductory sections on technique and on montages followed by 50 full page illustrations of eight channel EEGs, each with a short description. Bipolar montages and the 10–20 electrode placement system are used. The topics covered include the normal adult EEG, artefacts, drowsiness, sleep, activation procedures, slow wave disturbances, epilepsy and brain death. There is a short section on report writing.

No special knowledge of physiology or technology is required to understand this book and it will serve extremely well as a sound introduction to the interpretation of EEGs and EEG reports. Although of North American origin, the techniques used differ little from those commonly used in Europe. It can be recommended both to medical and paramedical staff.

M HAYWARD

**Cerebral and Spinal Computerized Tomography.** 2nd Edition. By S. Lange, T. Grumme, W. Kluge, K. Ringel and W. Meese. (Pp 267 Illustrated; £34.20; US \$54.75; S Fr. 82; DM 98). Basel, Karger 1989.

Joseph H. Long and Richard Bartlett have rendered us great service by translating this profusely illustrated German volume which amounts to a comprehensive atlas of CT.

After a remarkably clear exposition of physical and technical principles, artifacts and techniques of examination it surveys in turn: the normal brain, head injuries, paediatric malformations and encephalopathies. Adult disorders include vascular, degenerative, infective and neoplastic lesions and illustrate diseases involving the orbits, ventricles, calvarium and skull base. The final section covers spinal CT and is succeeded by a list of the 110 high quality plates, 215 references and an adequate index. Each topic contains a lucid factual description, and, beautiful three tone diagrams which correspond to the CT plates on the opposing page. Classifications and tabulated summaries and aggregated data expand the text.

Clinicians have learnt the techniques of interpretation of CT by trial and error methods, backed up by the essential expertise of

their neuroradiologist friends. But, here is an opportunity to match their technical know-how and experience, for reference to this excellent atlas covers all the common disorders and many rare variations likely to be encountered in day to day neurological and neurosurgical practice.

It is a superb compilation which I shall keep constantly at my elbow. Priced at £34.20 it must be the best buy of the year.

JMS PEARCE

**Coping with Suicide.** By Donald Scott. (Pp 77; £3.50.) London: Sheldon Press. 1989.

This book is one in a series of books concerned with "overcoming common problems". It is intended for a non-professional readership for whom writing a relevant and yet scientifically accurate account is no easy task.

In his book the author gives a fairly straightforward account of some of the basic information about suicide: the size of the problem, its causes, contributing factors and so on. However, there is a tendency to be over-inclusive. For instance, it is arguable as to whether a chapter on "mercy killing" is justified, particularly since the problem of coping with suicide is only addressed in the last three chapters, i.e. it occupies less than a quarter of the book. More might have been written about such aspects as grieving and self-blame about which the reader will find disappointingly little.

Although there is much of interest in this book, reflecting the author's knowledge of the subject, in the reviewer's opinion he has not been sufficiently selective in focusing more on coping with suicide, as the title suggests.

K SCHAPIRA

**The Bridge between Neurology and Psychiatry.** Edited by: Edward H Reynolds and Michael R Trimble. (Pp 424. Illustrated. Price: £47.50.) Edinburgh: Churchill Livingstone. 1989.

The title of this book is taken from a dissertation given by Sir Denis Hill in 1964 on the schism between neurology and psychiatry. This schism, the oldest in clinical medicine according to Denis Williams in his foreword, has always been the subject of hot debate. Sir Denis Hill's career spanned both disciplines, working as he had done at both the National Hospitals in Maida Vale and Queen Square and at the Maudsley Hospital, and as an academic neurophysiologist and psychiatrist. He considered the specialties inextricably linked; and this volume, which is essentially a collection of essays, was assembled to honour his contribution to both neurology and psychiatry.

The book explores the reasons for this medical sectarianism, some honourable some bizarre and some quite nonsensical, and covers those clinical areas which stride the divide such as epilepsy, hysteria, memory disturbance, sleep, movement disorders, schizophrenia, and anxiety. Chapters contributed by Sir Denis and Professor Lishman both address the historical (hysterical?) basis for this dissociation and make fascinating reading. That the dichotomy is well entrenched in British practice is clear from Sir William Tuke who could write in 1857 of asylum superintendents that "Alienist physicians, as they are well called, work in a department of science the first principles of which are not even recognised by their medical brethren, and seem often to speak a

language not understood by those around them; and thus indisputable facts and conclusions in psychological medicine become liable to be ignored or passed over"; the same is still largely true today.

It may be thus surprising that the modern basis of psychiatry was laid to a great extent by those trained in neurology (especially in continental Europe, eg. by Freud, Wernicke, Charcot, Janet, Meynert—who, incidentally, subtitled his psychiatric textbook "diseases of the forebrain"). Professor Lishman (psychiatrist) sees the division between the specialties as reflecting the personalities of those attracted to each, psychiatrists like abstraction and neurologists are more concrete; the division is therefore an aspect of human diversity (a psychiatrist's viewpoint), or could it be hypofrontality (a neurologist's view?). Dr Reynolds (neurologist) in his chapter on structure and function reviews the evidence for hypofrontality in schizophrenia; indeed many contributors cite schizophrenia as evidence of the bridge: hypofrontality perhaps. But Dr Reveley psychiatrist, in his chapter, "the Brain in Schizophrenia" implicates the temporal lobes, the limbic system, the basal ganglia, the corpus callosum and the left hemisphere as well. (Would a better title have been "is schizophrenia in the brain"? The question of "consciousness" (evolution's greatest achievement, in Popper's view) has perhaps taxed psychiatrists more than neurologists, and this is strange because neurology often deals with its attenuation and psychiatry with its exaggeration. Sir Denis Hill's 1981 lecture on the subject, gives a fascinating discussion of the views of Henri Ey who viewed pathology as the loss of control of consciousness to maintain order over disorder, and the suggestion that schizophrenia is essentially a disorder of consciousness (so much for hypofrontality?). It fell to the neurologists Head and Holmes to introduce the concept of body-image, which has been enthusiastically taken up by Dr Cutting in this book. Schilder viewed body image as a libidinous psychological entity while Head's body schema was a physiological representation of postural sensation (who said there was a bridge?). Indeed, this subject has produced a Hobson Jobson of entertaining terms (passive hemiasomatogonia, somatoparaphrenia, alloesthesia, exosomesthesia, anisodiaphoria, misoplegia, autocriticism, autotomy, dysmorphophobia).

To bring us firmly back to earth are the final chapters on neuropsychopharmacology, new genetics and neurotransmitters where terminology is less rooted in the Greek but thus more obscure and much less fun. The preceding essay is entitled "Disorders of verbal expression in neuropsychiatry" (by DF Benson), which seems appropriate. Indeed, students of the mind-brain are used to puffery and baffle-gob, but this all adds to the entertainment. Woody Allen (a real case, but sadly not a contributor here) had the last word when he said that his brain was his second most favourite organ.

In this book are psychiatrists taking neurological stances and neurologists being psychiatrists.

All is thus confusion; but does a bridge exist? A bridge implies a gulf, but surely this is illusion; rather the study of brain-mind is a maze, with psychiatrists and neurologists both thoroughly lost in the middle. But what an interesting maze, and one enriched by this excellent collection of essays.

SIMON SHORVON