BOOK REVIEWS

Manuel de Neuropathologie 3rd Edition. By J POIRIER, F GRAY, R ESCOUROLLE. (Pp 267. Price: Not stated.) Paris, Masson. 1989.

The opportunity to review a French textbook comes but seldom and is to be welcomed, for it is a compliment to anglophones who are usually thought to be lazy concerning 'other' languages. It must be admitted that the reputation for indolence is at times deserved, for some of us who have been badly taught, want to forget our school French as quickly as possible and allow it to undergo disuse atrophy. It may have been forgotten but it has not disappeared; it is still there, in the temporal lobe, and only needs a key, such as this book, to unlock it. But why bother to try to read any book in the original version if it is going to be translated? Publishers and authors alike know that the perfect translation does not exist. In the sciences a reasonably valid translation can only be provided by that rare individual, a practitioner of the science concerned who is also thoroughly competent in both languages. Such a person translated one of the previous editions of this manual; it was a very good translation but it had lost its Frenchness. The literary quality had changed, the nuances of meaning and style had disappeared.

Having persuaded readers that they have talents that should be resuscitated and used, the manual will be described. It is distinctly larger than the previous editions, and a hardback; there are over 250 well printed pages, with pictures on most of them, sometimes six on a page. They are organised into 11 chapters with the usual headings, including tumours, muscle and nerve. The illustrations include many brain specimens (with my pet dislike, a dark background) and many large brain sections of infinitely greater value in teaching than the multiple small blocks suitable for machine processing which are now miserably coming into favour across the Atlantic. Before reading the text a look through the illustrations and the numerous line diagrams and flow charts helps the vocabulary: you recognise target fibres, and there underneath in the legend is *fibres en cible*, etc. There is gratification in solving at speed the simple tests provided by acronyms such as ADN and ARN.

This manual is of a high standard, and would be considered in status to lie midway between an introductory text and a large standard textbook. It would be suitable primarily for a neuropathologist starting his career, as well as for clinicians and scientists not wanting the detail of the standard texts. Looking at it critically, one misses the inclusion of key references at the end of each chapter and also the magnification and staining data for the histological preparations. These omissions were deliberate. The book was written for medical students as well as for the recently qualified, studying for diplomas. *Autres pays, autres moeurs.*

I hope the publishers will continue to send suitable French textbooks for review. It could be good for Anglo-French relations and perhaps help to halt the slide down the slippery slope to a single international language for medical science, in which there will be no

room for Descartes or Pascal, and where Richard Asher's shade will plead in vain.

DENIS HARRIMAN

John O'Connell Man of Barts. By Peter Upton. (Pp 129; Price: £5 plus 77p post and packing.) The book is obtainable direct from PK Upton, 3 Back Street, St Cross, Winchester, SO23 9SB. 1989.

It is a matter for some regret that it is nowadays unusual for a practising doctor to achieve any better sort of biography than the often formal, and sometimes dreary, recitation which may appear, perhaps too long after his death, in a medical journal. If the subject is sufficiently distinguished—or, more usually perhaps, has moved in the right circles—he will make it to *The Times*, or even get something more exciting from *The Independent*. Even if we, as doctors, may no longer deserve much better for ourselves, this is still a pity because the older ones have lived through exciting times of extraordinary medical advance, and have experienced medical practice both before and since the arrival of the National Health Service. A well-chosen series of biographies could provide valuable material for medical and social historians—and some education for politicians.

Apparently, publishers do not see any of this as sufficient to sell such books. To have a biography published during one's lifetime is therefore quite exceptional, and it is much to Col. Upton's credit that he has taken it upon himself to publish this short account of the professional life of a distinguished, but modest and retiring neurosurgeon.

When O'Connell became a medical student, insulin had only just been discovered. When he qualified, not even the sulphonamides were available to treat pyogenic infections; tuberculosis in all its forms was still rife; and the N.H.S. was sixteen years away. Upton portrays well the atmosphere and the environment in which a medical student and young doctor worked at Bart's in those days: the long and arduous preparation for a surgical career, and then the path towards a Rockefeller Travelling Fellowship to learn neurosurgery under Max Peet at Ann Arbor and Percival Bailey in Chicago. Then there were the difficulties in getting neurosurgery started at Bart's on his return; the efforts made on his behalf by a few well-disposed seniors; and the unexpected opportunity that came with the outbreak of the Second World War and the establishment of the Emergency Medical Service. This good fortune enabled him to have at Hill End Hospital, St Albans a unit that would be recognized as his own, and to gain a reputation at Bart's and beyond that would lead, after the War, to his appointment as neurosurgeon to the consultant staff at Bart's itself, even though it was to be a further sixteen years before he could move his wards from Hill End.

O'Connell's contributions to his specialty are covered, a whole chapter describing his efforts on behalf of three pairs of craniopagus twins. And there is much else besides. Upton has been assiduous in his contact with many of his subject's medical and nursing colleagues, and his account is enlivened by anecdotes gleaned from them during interviews in the company of today's quiet observer, the tape-recorder, ever alert to gossip and indiscretion. A remarkable

amount of detail has been fitted into little more than one hundred pages, and though at times discursive and at odds with chronology (an index would have been helpful), this is much more than an admirer's act of piety towards a distinguished friend: it is a record of a man, of his work and of his times that will be entirely convincing to anyone familiar with them. As a biography, and as an historical record, it is a considerable achievement for the author, a layman who has the modesty to say that, as a retired soldier, he is not qualified to enter the world of medical detail.

JOHN POTTER

Neurological emergencies. By SD Shorvon. (Pp 108. Paperback Price: £5.95.) London: Butterworth Scientific Ltd. 1989.

This small pocket-book is aimed at the non-specialist who usually first receives the neurological patient, the General Practitioner and Casualty Officer as well as the Neurologist or Neurosurgeon in training. It deals with common neurological and neurosurgical emergencies and in this respect, is admirably comprehensive without any serious omission. The text covers the causes and management of coma, infections of the nervous system, cerebro-vascular disease, head trauma, acute spinal cord disease and respiratory failure due to neurological disease.

Each of these subjects is generally well handled and the text is adequately illustrated, containing some useful tables. The section on Status Epilepticus is excellent as one would expect from Dr Shorvon. The book suffers, as any short text must, from being dogmatic but also is unfortunately sprinkled with occasional inaccuracies. Nonetheless, the author is to be congratulated in producing a well balanced, simple approach to acute neurological disease. However the lay out of the text is not I feel, adequate for the purpose of an immediate practical guide to initial investigation and management in the acute situation. It would have been better if the approach had been problem-orientated and gave a clear guide not only to initial investigation and management but also laid down firm guidelines as to when a specialist referral or transfer was felt desirable. I feel that in subsequent editions, this could turn out to be a valuable book but to achieve this, a different format would be necessary. As it stands at the moment, this book is only a useful adjunct to standard textbooks and does not fulfil the purpose set out by the author and his preface, namely to guide the non-specialist in the acute first line management of neurological disease.

IAN BONE

Clinical Use of Anticonvulsants in Psychiatric Disorders. By RM Post, MR Trimble, CE Pippenger. (Pp 184. Price: \$21.95.) New York: Demos Publications. 1989.

This book contains separate chapters on epilepsy, psychiatric disorders associated with epilepsy, applied clinical pharmacology, anticonvulsant drug interactions, and pharmacodynamics of anticonvulsants. It covers behavioural disorders in childhood, the use of anticonvulsants in the treatment of mania and depression, aggression, and as

adjuncts to neuroleptics in the treatment of schizophrenia. The authors—two of whom (Post and Trimble)—are psychiatrists and the other a pharmacologist—share the chapters between them.

The book is aimed at psychiatrists, and its main attraction is the chapter by Post on the use of anticonvulsants, particularly carbamazepine, in the treatment of affective disorders. This documents the evidence that carbamazepine is an effective treatment for acute mania and an effective prophylactic for manic-depressive psychosis. It is not, according to Post, of any benefit in the acute treatment of a pure depressive illness. Unfortunately, it is still not clear whether carbamazepine is as effective as lithium in aborting an acute manic episode or in preventing a manic episode. Carbamazepine tends to be used as a second-line drug in these situations, when lithium has been deemed ineffective and all one can conclude is that some lithium non-responders will respond to carbamazepine.

Whether carbamazepine has a role in the treatment of other psychiatric disorders, such as schizophrenia or aggression, is still not clear, as judged by the evidence presented in this book. Furthermore, the efficacy of other anticonvulsants, such as sodium valproate or clonazepam, in affective disorders is also uncertain, on the basis of the studies carried out to date.

In conclusion, I found this book a useful guide to an area of psychiatric therapeutics which is of growing interest.

JOHN CUTTING

James Parkinson: His Life and Times. Series: History of Neuroscience. By AD Morris. Edited by FC Rose. (Pp 207. Price: SFr98.00.) Basel: Birkhauser. 1989.

Dr Arthur Morris MB(London), MD(Brussels, 1920) had an interesting and varied career, much of it spent as Medical Superintendent of St Leonard's and St Matthew's hospitals in Shoreditch the parish served by James Parkinson. Three years before retirement in 1955 he set forth on an historical journey, exploring every nook and cranny he could discover which related to Parkinson and his work. When he died aged 91 in 1980, he left a vast typescript of the distillate of his enquiries, which Dr F Clifford Rose has now summarised and edited with expert assistance from distinguished editors, commentators, a chemist and a geologist.

The book includes the story of Parkinson's history, his involvement in politics, clinical practice, his experiences in the Madhouse as well as his distinguished career as palaeontologist and, finally, the text and a discussion of the famous Essay.

Many historical appraisals have been written before, but this summary of Dr Morris's work is perhaps the most penetrating and revealing portrait: a fitting tribute to both artist and subject. Neurologists and students of medical history will be grateful to Frank Rose and his collaborators for retrieving and presenting this important manuscript.

JMS PEARCE

Introductory Neurology. 2nd Edition. By JG McLeod and JW Lance. (Pp 333. Price: £11.95.) Oxford: Blackwell Scientific Publications. 1989.

The addition of chapters on the autonomic nervous system, dementia, degenerative disorders and on investigation and treatment and the revision of existing chapters has enhanced an already excellent book. In these new chapters the approach remains simple and "commonsensical". The treatment aspect of the last chapter reads rather like a telephone directory but nonetheless refers directly or indirectly to the majority of therapies available in neurological disorders.

As a teacher of undergraduates one is impressed by the innate but simple wisdoms, eg, clarification of the word "numbness" as used by the patient and advice on how to auscultate effectively over the orbit. "Common things occur commonly" is an adage worthy of note by undergraduates and by and large the authors adhere to this brief with the Foster-Kennedy syndrome being one of the few canaries amongst the sparrows. Unfortunately a few typographical errors and omissions mar the text. Overall this expanded and enjoyable text is to be highly recommended to clinical students and to postgraduates and also to membership candidates as a revisionary course.

RC HUGHES

Epilepsy: 100 Elementary Principles. 2nd edition. By Roger J Porter (Pp 193; £19.95.) Sidcup. Harcourt Brace Jovanovich Ltd. Major Problems in Neurology series. WB Saunders, 1989.

This monograph is divided almost equally into the two major sections of diagnosis and therapy but, as the title indicates, there are 100 separate entries representing important guiding principles. These vary in length from half a page to several pages; examples of the individual headings include: "The post-ictal state gives many clues to the seizure diagnosis", "Simple partial seizures are not associated with loss of consciousness", "Use the therapeutic plasma drug level only as a guide" and "There is no absolute criterion for psychogenic seizures".

My initial reaction was that this could be a rather facile approach to a text on epilepsy which ran the risk of being too basic for those with some knowledge of the subject, and yet too detailed for the novice. I am happy to confess that my first thoughts were mistaken and this is an eminently readable and useful monograph. Indeed the precise didactic working of the individual principles holds the attention and invites interest in Dr Porter's views on all aspects of epilepsy. The section with the well-chosen heading "Monotherapy is like motherhood—it's not for everyone" is a clearly reasoned statement indicating both the advantages and limitations of monotherapy. I was impressed by the section on seizure types which included clinical examples and advice to avoid mistaken diagnosis. I learned that lip smacking cannot be used to differentiate between absence and complex partial seizures. The difficulties of diagnosing pseudo-seizures are considered in detail.

The section on the treatment of status epilepticus is clear and gives the reader confidence that Porter has clinical experience of this disorder in distinction to some other recent texts on the same subject.

At least some British neurologists would not agree with occasional baldly-stated views. For example, Dr Porter believes that all patients who have had a fit, whatever the

circumstances, should have an EEG. He also recommends that all pregnant women with epilepsy should have monthly neurological consultations and monthly plasma drug levels, whatever the degree of control. There are a few surprising omissions: for example little mention is made of photosensitive epilepsy and there is no advice on specific risk factors or treatment of post-traumatic epilepsy. These are quibbles as this is a monograph rather than a major tome on epilepsy. The text is readable, the tables and figures are clear and the references are up to date. This book deserves to be widely read.

NIGEL HYMAN

Antiepileptic Drugs. 3rd edition. Edited by RH Levy, FE Dreifuss, RH Mattson, BS Meldrum, JK Penry (Pp 1053; \$169.00). New York, Raven Press 1989.

The editors state that this book is intended "to present in a single source all of the recent advances in knowledge concerning the antiepileptic drugs as well as an in-depth review of basic pharmacologic data from both animals and man." The aim is ambitious and an admirable result has been achieved.

A degree of repetition is inevitable in a book by 80 contributors. There is a variation in styles, some more readable than others, but the 72 chapters, on the whole, provide a wealth of information, and are well referenced and clearly written by experts with much personal experience. Although this is an American textbook about one third of the contributors are from outside the USA reflecting that much pioneering work, particularly with later drugs, has been done in Europe. An initial section on "General Principles" gives a broad overview of many of the topics later to be discussed in depth. A section is then devoted to each of the major anticonvulsants: phenytoin, phenobarbital, primidone, carbamazepine, valproate, and ethosuximide. Each section begins with a chapter on "Mechanisms of Action" in which the antiepileptic effect of the drug under discussion together with its action in animal models are related to properties observed in experiments *in vitro*. Phenytoin, carbamazepine and valproate, in therapeutic concentrations, can regulate sustained high frequency repetitive firing (SRF) of action potentials in spinal and cortical neurons in cell culture, probably by blocking sodium channels after an initial depolarisation of the excitable membrane. A second mechanism involves the enhancement of gamma-amino butyric acid (GABA) which, as an inhibitory neurotransmitter, tends to prevent seizures by an action on the subsynaptic membrane. Valproate, benzodiazepines and barbiturates, as well as the newer drugs vigabatrin and progabide, enhance GABA action, which might explain their ability to raise the seizure threshold. A third mechanism of action involves the blockage of low threshold calcium currents (LTCC) in thalamic neurons, a property of ethosuximide and dimethadione which might relate to the specific effect of these drugs since a link between LTCC and absence seizures has been postulated. The model is not quite so neat, however, because valproate, which is also effective in absence seizures, does not block LTCC, and phenobarbital blocks LTCC but has little effect on absence seizures.

The doctrine of monotherapy is espoused,