Adjudicts 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. The chapter begins with 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


Dr Arthur Morris MB(London), MD(Brus- sels, 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 his retirement in 1955 he set forth on a historical journey, exploring every nook and cranny he could discover which related to Parkinson and his work. This book documents the exercises hereafter. 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 paleon- tologist 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 PARCE


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 to the physician. There are schematic tables 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


The editors state that this book is intended “to present in a single source all of the recent advances in knowledge and new 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 refer- enced 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 reflect- ing 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 the pharmacodynamics of Action and Mechanism of antiepileptic effect of the drug under discussion together with its action in animal models are related to properties observed in experiments on rats and mice. Phenytoin, Phenobarbital, 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-aminobutyric 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 vagabatin 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 some other drugs 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 correct, 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,