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 revisory 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 intial 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,