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,

but the realisation that many patients with severe epilepsy may require multiple drugs is recognised and each section contains a chapter dealing with a range of drug interactions of practical importance. Chapters covering "Clinical Use" and "Toxicity" in each section help to maintain the clinical perspective. A section on "Benzodiazepines" devotes single chapters to each of the main drugs in this category, a further section considers other antiepileptic drugs such as acetazolamide, ACTH and even bromides, and the volume concludes with a section on "Potential Antiepileptic Drugs". The seven "new" drugs in this last section appear to have been chosen to illustrate the varieties of chemical structures possessing anticonvulsant activity.

The main practical aspects of anticonvulsant use are well covered. The use of anticonvulsant blood levels in management of epilepsy is possibly overemphasised by some authors and the recommendation to obtain estimations of carbamazepine and carbamazepine epoxide as a routine is unrealistic. The teratogenic potential of anticonvulsants is discussed, but clear recommendations on prescribing anticonvulsants in pregnancy are hard to find. The absence of any mention of chlormethiazole, which is widely used outside North America for treating status epilepticus, is an important omission. The layout of headings and consistency of format allow topics to be located fairly readily, but ease of reference depends on the index which is good but not fully comprehensive. Teratogenicity of Phenobarbital does not appear in the index. Synonymous terms are not always cross-referenced. There are several typographical errors and some references in the text to incorrect chapter numbers.

Considering the scope of the work the criticisms are minor and the editors and authors are to be congratulated. This book would be invaluable to anyone with a serious research interest in epilepsy. The large proportion devoted to detailed pharmacology would be superfluous to the needs and tastes of most neurologists but the book contains much of interest and deserves a place in libraries and specialist centres to which it can be strongly recommended.

ANDREW GALE

Neurology and General Medicine Edited by Michael J Aminoff. (Pp 800; Illustrations 200; £60.00.) Edinburgh: Churchill Livingstone, 1989

There have been several moderate sized text books of general neurology published in the past few years of good quality. This book, though, has been designed for a specific niche in the market which has previously not been filled. Its purpose is to "bridge" general medicine and neurology. Thus, it is not intended to be primarily a text book of neurology, but to highlight those neurological complications of medical conditions and conversely to show how medical problems may exacerbate neurological disorders. This book will be welcomed by neurologists who spend much of their time in the milieu of district hospitals and who are not infrequently asked by their general medical colleagues: can this neurological complication happen in so-and-so? It will also provide a good reference source to general physicians wanting to know more about the neurological conditions they are confronted with.

Its span is wide, ranging from the neurological complications of cardiac surgery, hypertension and renal failure, to psychiatric aspects of neurology and sleep disorders. This is a multi-author book and so some chapters are much better than others. It means too that the book lacks cohesion and is most profitably used as a starting point for a single topic, rather than read sequentially. Some chapters appear tacked on: neurology of ageing and rehabilitation of the neurological disabled patient cannot be adequately dealt with in this format. Other chapters tend to be lists of all the known complications of a particular disorder and do not give any feel of the disease. A particular problem is the number of references. Why must a textbook from such distinguished contributors contain so many? The chapter on thyroid disease is a case in point, eight pages of text, seven pages of references (248 references). Surely this is an unnecessary obsession. Nevertheless there are masterly views of difficult topics; Michael Swash on sphincter disorders and the nervous system stands out.

Most neurologists and general physicians will find this a useful book to have close to hand. It can be improved and I look forward to seeing a second edition.

C CLOUGH

SHORT NOTICES

The Neuropeptide Cholecystokinin (CCK) Anatomy and biochemistry, receptors, pharmacology and physiology. Ellis Horwood Series in Neuroscience. Edited by J HUGHES, G DOCKRAY, F WOODRUFF. (Pp 252; £49.95). Chichester: John Wiley & Sons Ltd, 1989.

Epilepsy Bibliography. Books and Monographs (1945–1988). 6th edition compiled by Y FUKUYAMA. (Pp 254; price not stated). Kyowa Hakko Kogyo Co Ltd. 1989. ISBN 4-938507-05-6.

A useful source for reference. Available from Prof Y Fukuyama, Department of Paediatrics, Tokyo Women's Medical College, 8–1 Kawadacho, Shinjukuku, Tokyo 162.

Treatment of tricyclic-resistant Depression. Progress in Psychiatry series. Edited by I L EXTEIN. (Pp 167; £17.50). Cambridge: Cambridge University Press, 1990. ISBN 0-88048-140-4.

Advocacy on behalf of children with serious emotional problems. Edited by R M FRIEDMAN, A J DUCHNOWSKI, E L HENDERSON. (Pp 152; $29.75). Illinois: Charles Thomas, 1989. ISBN 0-398-05605-6. Hardback.

Criteria for diagnosis. Edited by J WILLIS HURST. (Pp 603; £24.95). Guildford: Butterworth Scientific Ltd, 1989. ISBN 0-409-90150-4. Hardcover.

An American style comprehensive series of miniature sketches which embraces definitions and diagnostic criteria for most diseases. Each paragraph is referenced and some show compressed tabulated data. An essential possession for the acquisitive, compulsive obsessional.

NOTICE

Ethical issues policy statement on Huntington's disease: molecular genetics predictive test

An "Ethical issues policy statement on Huntington's disease molecular genetics predictive test" has been published in the *Journal of Neurological Sciences* 1989, vol 94, 327–32, and in the January 1990 issue of the *Journal of Medical Genetics*.

This statement describes recommendations and guidelines which were prepared by a committee (chairman L N Went) set up jointly by the International Huntington Association (representing lay organisations in 22 countries) and by the Research Group on Huntington's Chorea of the World Federation of Neurology. They were adopted in their present form by both organisations at their respective meetings in Vancouver in July 1989. In these guidelines the requirements for setting up a predictive testing programme are outlined. Reprints of the complete text are available in Canada from: Huntington Society of Canada, Box 333, Cambridge, Ontario, Canada N1R 5T8; in the United States from: Professor Arthur Falek, Georgia Mental Health Institute, Emory University Department of Psychiatry, 1256 Briarcliff Rd NE, Atlanta, Georgia 30306; and in Europe from: Netherlands Chorea of Huntington Foundation, Terweeweg 142, 2341 CX, Oegstgeest, the Netherlands.

They refer to the counselling which is needed, to the criteria to be satisfied by applicants and to the required security measures for laboratory procedures and storage of information and DNA. They are subdivided under the following headings: essential pre-test information to be provided to the participant; information on consequences; information on alternatives the applicant can adopt; essential pre-test information on pre-natal diagnosis; the test and the delivery of the results; and the post-test counselling.

Presymptomatic and pre-natal testing with the help of DNA analysis is being and will undoubtedly continue to be developed for other severe dominant late onset hereditary disorders. It is hoped that this policy statement can help in such developments.

L N Went