BOOK REVIEWS

Yearbook of Psychiatry and Applied Mental Health 1989 Edited by JA Talbott, A Frances, DX Freedman, HY Meltzer, JE Schowalter, H Weiner. (Pp 468; £40.00) London, Wolfe Medical 1989

Everyone has their own way of trying to keep up to date with the literature. I have a list of a dozen or so journals on a filing card and I mark the issue that I am up to against each. Another way is to have someone select what you should read, and even, by commenting on abstracts, partly digest it for you. This method is not to my taste, but I can see that it might suit some people, particularly those without access to a good library.

There are 12 sections of abstracts from biological psychiatry to psychotherapy, culled from over 100 journals. Each abstract receives a comment, sometimes as long as the abstract, sometimes only a pithy: "This is a provocative finding" or "These results show the good sense of practising clinicians". Whether practising psychiatrists would demonstrate good sense by buying this book year after year, I doubt. But, a small psychiatric library might well benefit from it.

JOHN CUTTING

Imaging of Non-Traumatic Ischemic and Hemorrhagic Disorders of the Central Nervous System Edited by M Sarwar, Co-edited by S Batnitzky. (Pp 288; UK £83.25; US$ 135.00; Dfl 325.00.) Dordrecht: Martinus Nijhoff Publishing, 1989

This slim text aims to give an up-to-date review for general radiologists, neurologists and neurosurgeons of the imaging techniques and the reasons for their use in non-traumatic ischaemic and haemorrhagic disorders of the central nervous system. The editors have contributed two thirds of the eight chapters which involve a total of twelve authors.

The first chapter deals solely with the imaging of intracranial haemorrhage by magnetic resonance. It is too detailed for its audience and contains several contradictions; for example, a "stage 1" haemorrhage is defined in the text as from 0–6 to 24 hours but on the accompanying diagram as 0–4 to 36 hours. There are many of these inconsistencies suggesting that the text and the illustrations were not prepared for the same purpose. In general the illustrations are unnecessarily large and this detracts from their quality and clarity. In some places the legend to a figure and its images are separated by many pages. This defect occurs throughout the book and detracts from the overall information that the images are intended to portray.

The second chapter concerns intracranial aneurysms and subarachnoid haemorrhage. Only aneurysms in adults are considered, there is no discussion about neonatal or juvenile aneurysms. "Spasm" and its treatment are important topics but the possible causes of spasm are considered in a very superficial and over-simplified way. Similarly the discussion of the value of CT scanning in subarachnoid haemorrhage overlooks important recent studies (65% of the references in this chapter are from 1979 or earlier) and does not consider the timing and indications for CT or the indications for follow-up scanning in any detail. The problem of the "angiogram negative" subarachnoid haemorrhage is dismissed too briefly: the view expressed that follow-up angiography is necessary, even after good quality initial angiography, for medico-legal reasons will find little support this side of the Atlantic.

The chapter on intracranial vascular malformations is concise, informative and suited to the proposed audience. In the chapter on atherosclerotic extracranial vascular disease, the radiological investigations possible and their appearances are well covered, but the discussion of their indications is very brief and over-simplified. It is surprising that the authors still consider that plain films of the cervical spine are "very useful" in patients with vertebro-basilar TIAs. The chapter on cerebral infarction is adequate but with little discussion of the controversy about the use or dangers of intravenous contrast agents. The authors indicate that angiography is abnormal in over 50% of cases but do not discuss the indications for its use in the acute situation. Three of the most up-to-date, informative and stimulating chapters were on the smaller topics of non-atherosclerotic lesions of the extracranial vasculature, dural sinus thrombosis and neonatal haemorrhage.

The authors fall short of their aim to provide an up-to-date synthesis of current views in many of the major topics considered. The layout of the large illustrations is persistently irritating and difficult to follow. At a cost of just over £83 it cannot be recommended.

E TEASDALE

Multiple sclerosis: A Conceptual Reappraisal with Heuristic Implications. By EJ FIELD. (Pp 255; $49.75.) Illinois: Charles C Thomas, 1988

EJ Field's conceptual reappraisal of multiple sclerosis is valuable as the permanent record of work carried out by an investigator who has devoted many years to the study of demyelinating disease and it contains some constructive ideas but in the end it tells us a lot about Field and not much about multiple sclerosis. Few would disagree with some of the facts accommodated within Professor Field's hypothesis; some commentators have already been outspoken about the laboratory observations on which it is based; most neurologists would be very reluctant to follow the directions in which the heuristic implications have led the author; and everyone will despair of a book that sets out to settle old scores. Although the hypothesis is not stated in its entirety, one reading of this book is that multiple sclerosis is an inherited disease in which myelin is structurally defective and abiotrophic, and therefore does not last; specifically, adhesion between myelin lamellae is weak so that the myelin sheets easily spring apart. The mechanism of the HLA associations is that HLA epitopes contribute additional binding forces—Dw2 positive myelin is springier than others. The disease process is diffuse but results in focal accumulations of degraded myelin that are awaiting export from the nervous system—the perivenular plaques; the intrinsic defect of myelin is part of a generalised alteration in membranes and can be detected by the abnormal mobility of red cells using stringent laboratory conditions. The disorder has increased in frequency because of substantial alterations in dietary habits in the western world over the last century, presumably acting in inherently susceptible populations; and the membrane diathesis can be corrected by essential fatty acids—most conveniently given as Naudicelle—thereby raising the possibility of eradicating the disease.

Professor Field makes several valid points; there is a good historical chapter which emphasises the genetic basis of multiple sclerosis; he rightly reminds us that, in vivo, lymphocytes do not directly damage myelin — the role of macrophages in this respect was clearly illustrated by Babinski and Dawson—and he also presents evidence for myelin injury occurring in the total absence of inflammatory cells; the author presents a balanced argument against using experimental allergic encephalomyelitis as a model of multiple sclerosis. And, throughout the book important publications are identified which are not well known; this reviewer must be counted amongst modern writers on multiple sclerosis whose ignorance of Hassin's 1922 and 1937 papers is 'truly remarkable'; and these papers are of great interest.

The E-UFA test, and its PL-EUFA (Office) and He-Ne UV filter laser modifications, are central to Field's hypothesis and he believes that they enable the diagnosis of multiple sclerosis to be confirmed or set aside when the first suggestive symptom or sign appears; 'indeed we can pick out children with the inborn diathesis which makes them a candidate in later life. A rational handling before clinical appearance of multiple sclerosis is available. Only those with the diathesis can develop multiple sclerosis'. Although others have found that the assay varies considerably in its reproducibility, Field attributes these inconsistencies in part to the fact that many drugs, including steroids, or diets and smoking modify the test.

Part of the book is devoted to an analysis of family studies in patients with multiple sclerosis using one or other of the tests already described. Here Field seeks to establish the extent to which multiple sclerosis or the red cell diathesis is more common in each category of relative than in the general population. Taking an assumed population prevalence of 60/100000 Field substitutes figures for observed or subjectively reported instances of multiple sclerosis in the relatives of those who have sought his advice, and applies the results of the E-UFA test. Leaving aside the epidemiologically suspect nature of his sample, the lack of any laboratory controls, and conceptual errors ('if we split the 60/100000 multiple sclerosis subjects into male and female in the ratio of 3/2 [the sex differential] then there are actually 36/100000 females and 24/100000 males affected in England'—the rates are in fact 72 and 48/100000) many of the sums are simply wrong, sometimes by a factor of 350%. The putative outbreak of multiple sclerosis in the Faroe