

The chapter on neuroleukin was particularly informative. Chapter 4 also merits a mention for the clear manner in which dissection of ganglia, preparation of collagen gels and nerve growth factor activity tests were described. Various culture systems (retinal, PC12 and chromaffin cells) and their use for bioassay of growth factors were detailed in chapters 6–8. One chapter is devoted to histological aspects of nerve growth factor. The authors demonstrate how to localise it at both light and electron microscopical levels. The second part of this contribution details the localisation of nerve growth factor mRNA using isotopically and non-isotopically labelled cRNA and cDNA probes by means of easy to follow protocols. Chapter 10 provides interesting reading on the various means of *in vivo* administration of nerve growth factor and includes useful tables which summarise the known effects using various regimes. Explicit protocols are given which possibly have a general applicability for other mRNAs which occur in low copy numbers. The book thus brings together a wide range of up to date techniques. It is excellent value for money and would be a useful guide for any researcher embarking on a new field of study on nerve growth factors.

JULIA M POLAK

Atlas of Electroencephalography. Edited by: A Guberman and M Couture. (Pp 336; Illustrated: £110). Edinburgh: Churchill Livingstone, 1989.

A textless book, it looks very attractive and, more important, it is produced with practicality in mind. As small and compact as an atlas can be, in hard cover for hard wear and wire-bound for full opening for each quick use. Full page but rather miniature EEGs, 200 of them, are well reproduced. The target seems to be easily recognisable classical patterns and this is admirably achieved; among the very few exceptions are the 14/6 positive spikes which are, even to the experts, only just identifiable. This atlas is divided into nine chapters including three on epilepsy—ictal, interictal and status. This latter is particularly impressive as sequences are reproduced over several consecutive pages. The first chapter on normal EEGs, awake, asleep and during overbreathing gives a fair account of electrical normality in adults. A representative sample of normal children was clearly not intended; then why select just two examples, of a 9-month-old and a 3-year-old? Would it have been perhaps better if these were also omitted? The chapter on artefacts is excellent; so is the one on coma. Chapter 8 is called "Occasionally encountered patterns of unknown or non-specific clinical significance" and the last one on "various neurological and medical conditions", two chapters clearly meant and useful for the sophisticated in contrast to some of the previous chapters which display classical examples for the uninitiated. In this discrepancy lies one of the flaws of the book; it seems that the authors did not define clearly in advance the book's prospective readership or more precisely its potential "browsership".

In order to sample the people's opinion—without poll tax—I showed the book in the several EEG departments I am connected with. The first encounter with the atlas induced eyes to light up, smiles to appear and general eagerness to browse through it. In

line with my own initial thoughts, the technicians felt it may be very useful for teaching students, technical or medical. This opinion held true until tested. During a series of EEG seminars the medical students became interested and, yes, even marginally excited when exposed to real life EEGs; however they remained less impressed when looking at similar examples of abnormalities or artefacts in the Guberman-Couture Atlas, and remarked that only a few could simultaneously be near enough to see them. Generations of EEG people considered the Gibbs Atlas to be the original Bible as it conveys a sense of authentic participation. By omitting the lifesize EEG pages the Bible Revisited lost its feel of authenticity but gained from its more user-friendly format.

MARTA ELIAN

Psychological Management of the Physically Ill. Editors: JH LACEY AND T BURNS. (Pp 352; Illustrated: £29.50). Edinburgh: Churchill Livingstone.

Neurologists are most contented when they can clearly diagnose a well demonstrated physical disorder. Unfortunately this situation is relatively uncommon. Up to a third of outpatient referrals are difficult to diagnose at all in clear "organic" terms. Even when a disorder such as multiple sclerosis or Parkinson's Disease does exist the limpid pools of neurological diagnosis are frequently disturbed by waves of psychological and behavioural disorder. The diagnosis and management of chronic fatigue states is an extreme example of these problems. The physician may choose to ignore these issues. This solves his own problem but rarely that of the patient. Accepting the burden of a three-dimensional approach to diagnosis: physical, psychological and behavioural requires the ability to set aside extra time for the individual patient and the resources to cope with the results of opening the Pandora's box of a person's feelings.

This multi-author volume aims to help the physician to deal more effectively with these issues. As the editors comment in their introduction, the format inevitably leads to patchiness, some reduplication and a variable standard. The physician reader should avoid concentrating on these defects for the positive aspects of the book are many and varied. Out of twenty chapters, about half have direct or indirect relevance to neurological practice, including such general topics as chronic pain, management of cancer, death and dying, distressing hospital procedures and liaison psychiatry as well as more specific neurological topics such as head injury, stroke, facial pain and headache. The small chapter on neurological disorders as such covers only MS, Parkinson's Disease and root pain. It deserves expansion in any future editions of the book. The lack of any reference to epilepsy and pseudoseizures is disappointing and motor neurone disease, the most distressing neurological disorder should also have been covered.

Although one of the editors mentions an intimate relationship between neurologists and psychiatrists, this is largely historical and has not been evident of late. Inadequate training in and experience of the other's discipline is the principal reason. Poor communication and confusing terminology are the result. Hopefully this volume will help to

remedy the problem, in one direction at least.

RA METCALFE

Anatomy and Surgery of the Cavernous Sinus. Edited by VINKO V DOLENC. (Pp 344 Illustrated; DM 280). Wien: Springer Verlag, 1989.

The Cavernous Sinus is one of the Neurosurgical microanatomical frontiers that has begun to yield to exploration by pioneers such as Parkinson and, more recently Dolenc and his colleagues. These remarkable advances were summarised comprehensively in 1987 in "The Cavernous Sinus" (Ed. VV Dolenc) but there remained the problem for the less experienced of translating the probable map of this minefield into practice. Professor Dolenc has now provided a dissection manual based on injected fresh cadaver specimens, operative photographs and line diagrams to illustrate the necessary principles of extensive extradural resection of the lateral skull base with skeletonisation of the optic nerve, trigeminal nerve branches and the petrous carotid artery.

The first 137 pages are devoted to anatomy and the definition of various triangles. The surgical approach to the cavernous sinus is described, followed by application to carotid ophthalmic aneurysms, intracavernous vascular lesions and tumours and, *en passant*, to basilar tip aneurysms. This rather expensive dissection manual will be of considerable assistance to neurosurgeons contemplating such surgery and would best be read alongside one's own effort at dissecting cadaver specimens. However, I was disappointed not to see any discussion of mortality, morbidity or cosmetic results of this type of surgery, nor the use of simple cerebral blood flow technology to define when an intracavernous carotid lesion can simply be trapped and sacrificed. In the second edition, the line diagrams should be improved—at present they are not as aesthetically appealing nor as readily understood as those, for example, in Sugita's Microneurosurgical Atlas. It would also be helpful to include some operative photographs of basilar aneurysms rather than angiograms alone. This manual will need to be read in conjunction with the 1987 publication on the cavernous sinus: both will serve to stimulate considerable interest in refining the indications for this demanding surgical technology.

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SHORT NOTICES

Depressive Disorders & Immunity. Progress in Psychiatry Series. Edited by A H MILLER. (Pp 189; £17.50). Cambridge: Cambridge University Press, 1989. ISBN 0-88048-291-5. Hardcover.

WHO Expert Committee on Drug Dependence Twenty-sixth Report. Technical Report Series No. 787. (Pp 32; Price: Sw.fr. 4.—/US \$3.20.) Geneva: World Health Organisation, 1989.