Matters arising

Ortiz et al. recently confirmed the existence of two distinct pools of serotonin in human blood, plasma and platelet. There is now a general agreement that more than 99% of the serotonin present in blood is contained within the thrombocytes and that the real plasma serotonin content in normal individuals is less than 1% of that in whole blood.

Anderson et al. rightly emphasize that the plasma fraction is by definition platelet- and cell-free. Apparently it may be concluded that it is incorrect or even impossible to express "plasma" serotonin per platelet! This is not merely a problem of semantics. We must assume that the separate pools of serotonin in blood have different functions and are influenced by different mechanisms. It is correct to measure serotonin in whole blood and regard the result as a measure for platelet serotonin. However, using "plasma" serotonin for total blood or platelet serotonin is misleading and may give reason to serious misinterpretations.

The title and the results of the article by Anthony and Lance should therefore be understood accordingly, of course, not diminish the significance of their results.


BOOK REVIEWS


This is truly a mammoth compendium; running to over 3000 pages, packaged in three volumes plus an index. Its very size prompts the question: "Has the task force used large scale undertakings like the mammoth, outlived their usefulness?"

According to the compilers of these volumes, they represent: "a description of clinically useful clinical approaches for the treatment of mental disorders... reflecting a combination of cumulative scientific knowledge."

But this up-beat claim is followed by a number of cautions. Firstly, it is not for the novice: "Proper use of this document requires specialised training."

Nor should it be viewed as a simple cook-book of therapeutic recipes in each major psychiatric condition. For the "sound use requires a clinician's judgement based on a knowledge of a patient."

Nor does it (perish the thought) "Represent the Official Policy of the American Psychiatric Association."

Finally, "This Report is not intended to be construed as or to serve as a standard for psychiatric care."

"What is it then?"

It is a compilation of 263 chapters covering a diverse range of clinical topics ranging alphabetically from abortion to zygote implantation. The title of this must be rejected.

In each of the sections the scope of the chapters ranges more widely than the general title of this undertaking would suggest. As Klerman, in his preface to the section on affective disorders, points out, this work is not intended to be a manual (it could hardly be so—in the literal sense at least—weighing, as it does, over 6 kg). Nor is it a series of individual idiiosyncratic views on management. Each section has been carefully welded together under a distinguished chairperson to form the corporate view of a panel of experienced psychiatrists. Not only is this publication profusely illustrated, it is as up-to-date as one could expect. Of course, there are blemishes. One wonders, for example, about the wisdom of recommending the combination of an MAOI with a tricyclic antidepressant with only a caution against using imipramine in this context. I also question the statement that secondary amines (such as desipramine) are better for patients with seizure disorder than the parent compound. Similarly the table listing the preferred antidepressants for specific medical disorders which might co-exist with depression is more categorical than present evidence allows; for example in suggesting that the newer antidepressants are better in secondary depression resulting from organic brain syndrome. Such tables are reminiscent of the cook-book approach which the work in general, successfully avoids.

Finally, I was pleased to see that the editors have preferred the user-friendly Harvard System of references with the authors' names given in the text and the references listed alphabetically, to the numerical citations of the Vancouver System.

All psychiatric libraries should possess this major work. I am sure it will be consulted frequently—indeed it becomes out of date—like the mammoth.

TREVOR SILVERSTONE


Many conference and workshop proceedings are simply not worth publishing. Emanating from a workshop held in Houston in November 1988, this book, however, proves that an important and interesting subject, authoritative contributions, pertinent articles and skillful editing can make a first-rate book.

The title of the monograph does not give the reader a very clear idea of what it contains, and it is necessary to pease the contents carefully. The book is divided into three sections: clinical aspects of pain and altered sensation, procedures for control of pain and altered sensation, and underlying mechanisms of pain and altered sensation. Every reader will of course pick out different chapters which are of particular interest, and the range of subjects dealt with is extensive. Of contributions which the reviewer found of particular interest, Beric's chapter on altered sensation and pain after spinal cord injury points out, amongst other things, the slow evolution of pain syndromes that occur after cord injury. Sindou and Jeannomond give a masterly review of surgical procedures that can be carried out for relief of pain.

Particularly illuminating is their report of the benefits of microvascular decompression in cervical zone lesions in patients with cancer pain, and post-mortem findings in four patients. A frank view of the limitation of neurosurgery for treatment of chronic pain comes from Siegel in a chapter entitled "No-Nonsense Surgical Procedures Abandoned in the Management of Pain", with statements such as 'there is no neurosurgery for pain without neurological side effects' and "the use of destructive lesions in the management of chronic pain as was done earlier is no more considered today, except in some very well defined and rare conditions'.

Ochoa's superlative chapter, "Neuropathic Pains, from Within: Personal Experiences, Experiments, and Reflections on Mythology", has perhaps a grandiose title, but is of considerable interest, and is very well written. One can only sympathise with the author who in addition to dental pain, has suffered pain from iatrogenic nerve injury, referred pain from non-neurosurgical, root pain leading to two laminecotomies, and a peripheral neurama requiring surgery. These experiences, however, have enabled him to study various pains at first hand. He also summarises his views on causalgia and reflex sympathetic dystrophy which elsewhere might be attributed to sympathetic nervous system involvement; he argues that this is a myth; abnormal warmth in "causalgic" states is due to antidromic vasodilatation, and pain due to somatosympathetic reflex vasocostriction.

Another unusual chapter is by P D Wall who recounts the divergent views of Brown-Sequard and Monron. The fascinating controversy concerned whether there was an increased ipsilateral and decreased contralateral sensation, or vice versa, following hemisection of the spinal cord. It took Denny-Brown to settle the argument, root pain leading to two laminecotomies, and a peripheral neurama requiring surgery. The controversies, however, have enabled him to study various pains at first hand. He also summarises his views on causalgia and reflex sympathetic dystrophy which elsewhere might be attributed to sympathetic nervous system involvement; he argues that this is a myth; abnormal warmth in "causalgic" states is due to antidromic vasodilatation, and pain due to somatosympathetic reflex vasocostriction.

This book can be highly recommended to all those interested in pain and sensory mechanisms. It is well presented, and apart from one chapter for which references may be obtained from the authors, is well referenced.

G D SCHOTT