platelet and cellular. Ortiz *et al*³ 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 emphasise 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.² 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 changed accordingly. This would, of course, not diminish the significance of their results.

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- 1 Anthony M, Lance WJ. Plasma serotonin in patients with chronic tension headaches. *J Neurol Neurosurg Psychiatry* 1989;52:182-4.
- 2 Anderson GM, Feibel FC, Cohen DJ. Determination of serotonin in whole blood, platelet-rich plasma, platelet-poor plasma and plasma ultrafiltrate. *Life Sci* 1987;40:1063-70.
- 3 Ortiz J, Artigas F, Gelpi E. Serotonergic status in human blood. *Life Sci* 1988;43:983-90.

BOOK REVIEWS

A Task Force Report of the American Psychiatric Assoc. Treatments of Psychiatric Disorders. (Vols 1-4; Pp 3068. Price: £195.00 H/b.) Cambridge University Press. ISBN 0-89042-201-X.

This is truly a mammoth compendium; running to over 3000 pages, packaged in three volumes plus an index. Its very size prompts the question: "Have such 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 caveats: 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 into which the uninitiated can delve: "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." (A statement presumably included to exorcise the spectre of any possible legal confrontation.)

What is it then? It is a compilation of 263 chapters covering a diverse range of clinical topics ranging alphabetically from abortion to zetjebers, and developmentally from infantile autism to senile dementia. The seemingly interminable list of names of over 400 contributors reminded me of the regimental rolls of honour seen on war-memorials.

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 idiosyncratic 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 comprehensive, 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; as for example in stating 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 in alphabetical order, to the numerical citations of the Vancouver System.

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 I am sure it will be consulted frequently—until, that is, it becomes out of date—like the mammoth.

TREVOR SILVERSTONE

Recent Achievements in Restorative Neurology Vol. 3: Altered Sensation and Pain. Edited by M R DIMITRIJEVIC, P D WALL, U LINDBLOM. (Pp 212; Price: £82.50/US \$132.00/DM 237.0.) Basel: Karger, 1990. ISBN 3-8055-5036-7.

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 contributors, well-written articles and skilful 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 peruse 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 can occur after cord injury. Sindou and Jeanmonod give a masterly review of surgical procedures that can be carried out for relief of pain.

Particularly illuminating is their report of the benefit of microsurgical dorsal root entry 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 Siegfried in a chapter entitled "Neurosurgical 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, at his own expense. One can only sympathise with the author who in addition to dental pain, has suffered pain from iatrogenic nerve injury, referred pain from ulnar nerve entrapment, root pain leading to two laminectomies, and a plantar neuroma 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 cold is due to somatosympathetic reflex vasoconstriction.

Another unusual chapter is by P D Wall who recounts the divergent views of Brown-Séquard and Mott. The fascinating controversy concerned whether there was increased ipsilateral and decreased contralateral sensation, or vice versa, following hemisection of the spinal cord. It took Denny-Brown to settle the argument: that contralateral decrease in sensation was only observed with partial lesions, and by converting a partial to a complete hemisection, a reversal of signs occurred. This historical and neglected controversy is used as a start for a further theoretical consideration of how morphological and functional restoration of function of a damaged nervous system could occur.

Other interesting chapters include the contribution by Yaksh, who reports that intrathecal strychnine in rats induces allodynia in response to tactile but not thermal stimuli; a cautious report by Coggeshall in which he reviews evidence for small fibre primary afferent input to the dorsal column nuclei; and a contribution from Sir John Eccles on how pain is generated in the neocortex, in which the psyche, the self, the soul and the liaison brain are included in an information flow diagram for brain-mind interaction.

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

G D SCHOTT