serotonin changes for their therapeutic effect is however now very strong. Serotonin uptake inhibitors were developed initially for the treatment of depression but in recent years they have also been used for other conditions such as obsessive compulsive disorder, bulimia and substance abuse. This book reflects both these developments and present clinical usage. Thus, it devotes much more space to fluoxetine than to any of the other four drugs under discussion (citalopram, fluvoxamine, paroxetine and sertraline). Seven of the nine chapters are written wholly or in part by the main authors and are aimed principally at clinicians, dealing with such topics as human pharmacokinetics and drug interactions, treatment efficacy and side effects. The other two chapters give good general accounts of the neuropharmacology of serotonin (C A Marsden) and the animal pharmacology of the reuptake inhibitors.

The book is clearly written with some substantial and useful reference lists which cover much of the literature very effectively up to the end of 1989. Most chapters describe their topics fully though the one on the serotonin hypothesis of depression is somewhat thin and is over-focused on CSF studies. A useful addition would have been a short chapter putting the therapeutic effects of the drugs under discussion into context with other kinds of drugs which influence both serotonin function and psychiatric illness. It is potentially confusing to have a chapter entitled "The efficacy of selective serotonin re-uptake inhibitors in anxiety and obsessive compulsive disorders" which does not even mention that 5-HT_{1A} agonists rather than reuptake inhibitors are the most frequently used serotonergic anxiolytics.

Despite these criticisms of specific parts of the book it should be useful to both clinicians and laboratory workers. I am glad to have it on my shelf and I recommend it to others.

G CURZON

McAlpine's Multiple Sclerosis 2nd Edition. Edited by W B MATTHEWS. (Pp 401 illustrated; Price £50.00). 1990. Edinburgh, Churchill Livingstone. ISBN 0 443 04047 8.

The second edition of this book follows six years after the first and thirty-six years after the original "Multiple Sclerosis: A Reappraisal". Despite the passage of more than a third of a century the section on therapy reflects our inability to devise definitive treatment, though the sections on Genetics, Immunology and Pathology provide hope for the rational development of agents based on a better understanding of the disease process. And, the new section on MRI scanning hints at the potential for monitoring such agents. Professor Matthews has achieved a notable feat by improving an already excellent volume and the three new authors, Dr Martin and Professors Allen and Compston, have added their considerable talents in epidemiology, pathology and immunogenetics while retaining the best ingredients of the earlier volume.

The book begins with a mis-print in the re-produced preface to the first edition, but then moves from strength to strength. The practices and problems of epidemiology are well described; the futility of further studies in

general prevalence is explained and the need for more precise studies to test specific hypotheses is clearly defined. The clinical section, though rather haphazard in its organisation, is clearly sub-titled and the comprehensive appendix allows easy access to any specific symptom or sign. The clinical experience and wisdom of Professor Matthews shines through—as in his assessment of the often over-valued absence of abdominal reflexes in the diagnosis. The section of Pathophysiology might possibly have been better placed after that on Pathology and in future editions the concept of re-arranging the chapters might add to the flow of the text.

Professor Compston's chapter on Genetics inevitably repeats some of the section on Epidemiology and, although views expressed in the two sections are similar, editing might allow cross-referencing at this point and avoid such repetition. The immunology would be helped by the inclusion of diagrams to supplement the text. The reverse is the case in the Pathology section where the photographs provided by Professor Allen are superb but the inclusion of twenty two electron micrographs seems excessive and some are superfluous. The bibliography is comprehensive and it is a pleasure to recommend this latest offering of an established volume, not only to all of those involved in MS work and research but to all Neurologists; it remains the definitive text on Multiple Sclerosis and is not only the newest but also the best of the series.

DAVID BATES

Peripheral Neurology Edition 2 Case Studies in Electrodiagnosis. By JAY A LIVESON. (Pp 476; Price £40.00). 1991. Beckenham, F A Davis. ISBN 0 8036 5652 1.

Most conventional neurophysiological texts provide comprehensive information on available techniques. However, guidance on the choice of techniques and the planning of an investigation in patients is generally neglected, as is evaluation of the data obtained. In this, the second edition of his book, Dr Liveson has for the most part successfully addressed this problem, using 95 case studies to illustrate the neurophysiological approach to the examination of the patient.

In the first section there are succinct but adequate chapters on the interpretation of electrophysiological data and the findings in diffuse neuromuscular disturbances and localised processes of the peripheral nerves. The author rightly points out that one of the goals of the neurophysiological examination is to localise the site of a lesion, but unfortunately other important aspects such as assessing the severity and dynamics of the pathophysiological processes receive scant attention. His choice of EMG of the paracervical muscles as the "single most useful technique to be adopted during the last decade" is idiosyncratic and unfortunately sets the tone for some of the later case studies.

The second section presents varied selections of case studies covering nearly all conceivable neuromuscular and localised peripheral nerve disorders. In each case the clinical data are presented and analysed using a questions and answers format. A plan of action for the electrophysiological examina-

tion is then set out, followed by a clear presentation of the electrophysiological data. The reader is encouraged to evaluate these data by being asked a further series of questions, to which, finally, answers are provided together with a summary of the electrophysiological interpretation and eventual outcome of the case. This formula works surprisingly well, and while it lacks the natural flow of a conventional text book, there is comprehensive cross referencing of similar cases, enabling the reader to approach the book from many angles. The text is supplemented by many instructive illustrations, and contains a long list of references.

While one might disagree with the approach in some of the cases, this can be attributed to personal differences and preferences. The book is full of sound advice and is authoritative. The author states that this book has been a labour of love and it should be of benefit to all practising clinical neurophysiologists.

P R W FAWCETT

Comprehensive Neurology. Edited by R N ROSENBERG. (Pp 920; Price: \$275.00). 1991. New York, Raven Press. ISBN 0-88167-717-5.

In the preface to this handsomely produced text, the editor gives a lengthy list of "Highlights in this decade of discovery and advancement". He follows this with: "Comprehensive Neurology reviews all aspects of neurologic disease"—a surprisingly ambitious claim. How does he go about this Herculean labour, and how far is his claim justified by the result? The book is large, some 920 pages and 27 chapters written mainly by American authors. The attempt to be all-embracing has yielded surprisingly brief sections on major problems. The whole gamut of muscular dystrophies (including myotonic dystrophy) gets eight pages; migraine receives just over two, cluster headache one third of a page, but four types of amaurosis fugax command six pages. Sleep disorders earn a whole chapter of 46 pages and 416 references, though this is an excellent account (Wagner). The reader will search the excellent index in vain for cranial subdural haematoma, whiplash injury or Eaton Lambert syndrome, and there is no section on the consequences of head or spinal injury. The contributions vary in quality, but too many inaccuracies and omissions have escaped the editorial eye e.g. "CSF can be easily identified with a dip-stick for glucose in CSF rhinorrhoea"; no mention of the important contra-coup injury as a cause of traumatic anosmia; acyclovir in trigeminal shingles "... limits the disease, thereby avoiding the complication of postherpetic neuralgia." There is no mention of the benefit of botulinum toxin in hemifacial spasm or in Meige's syndrome. In pituitary diseases Cooper and Martin merely sketch the outlines of endocrine testing (surely an essential in every patient): "beyond the scope of this chapter"! And, is it true that "It is impossible to take care of patients with seizure disorders without high quality EEG" (Gumnit and Leppik)? If so I must have maltreated a large number of patients who have been kept free of fits despite my failure to enact this precept.