I found this a sound and useful aid that should be of value to candidates taking Part 2 of the MRCPsych. examination. Whilst there are undoubted limitations in this form of examination, so that subjects with a "softer" database such as community psychiatry and personality disorder do not get an adequate airing, this book will certainly help understanding as the answers provide sufficient background to each subject to stimulate the reader and not serve merely as an aide-memoire.

PETER TYRER

Imaging of the Nervous System (Clinical Medicine and the Nervous System Series). Edited by PAUL BUTLER. (Pp 271; Price: DM 348.00) Heidelberg, Springer-Verlag. 1990. ISBN 3-540-19522-X

This book is part of a series dealing with "Clinical medicine and the Nervous System" edited by John Conomy and Michael Swash. It presents an overview of neuroradiology as it is currently practiced in Britain and it is written mainly for the benefit of neurologists and neurosurgeons. The contributors are mainly well established neuroradiologists each with a particular interest in their allotted subject. There are also contributions from experts in isotope imaging and contrast media. The editor has succeeded admirably in producing a well balanced exposition of current practice which will prove valuable not only to the group for which it was intended but also to general radiologists. Unfortunately some chapters reflect the limitations imposed by restricted access to magnetic resonance imaging and this will much detract from the value of the book in countries with free access to this modality.

All the authors have covered their subject very adequately and some of the contributions, particularly those on trauma, infections and the spine are at an advanced level and suitable for teaching of neuroradiologists. The book is beautifully produced and well illustrated. It is recommended to clinicians, with an interest in neurological diagnosis, to general radiologists and to all neuroscientists in training.

BRIAN KENDALL

Alcohol and Seizures Basic Mechanisms and Clinical Concepts. Edited by R J PORTER, R H MATTSON, JOYCE A CRAMER, AND I DIAMOND. (Pp 342; Price: £39.72) Beckenham, Quest-Meriden Ltd. 1990. ISBN 0-8036-7008-7.

In spite of the fact that alcohol dependency and seizures are two of the most frequently encountered illnesses and almost every physician has treated alcohol withdrawal seizures, there has never been a book which has attempted to explain and understand these problems together.

The book, composed of 32 chapters of varying but mainly superior quality, is written by different authors. Beginning with a clinical coverage of epilepsy and alcohol related problems, and the relationship between the two, the reader is gently initiated

into this complex field. By the third chapter, however, we plunge into the realm of basic science and the proposed mechanisms for alcohol withdrawal seizures (AWS). This part is pertinent and very useful particularly for investigators in the fields of alcohol research, including AWS, and epilepsy.

The last two parts of the book deal with classification, diagnosis, prevention and treatment of AWS. Although there is repetition among chapters, this part is of great importance to the clinician. It is relevant for all (not just neurologists and psychiatrists) who work with people who have alcohol problems and/or epilepsy. That should therefore include the majority of practising physicians.

In the past, most of our perceptions of the relationship between alcohol use and seizures as well as alcohol and epilepsy have been more influenced by moral and ethical considerations than upon scientific knowledge. Unfortunately, views unsubstantiated by experimental studies have often been imparted to patients as well. This book is a successful attempt to change this situation. Important questions such as whether people with epilepsy should drink alcoholic beverages, if drinking exacerbates seizures, if patients experiencing AWS should be given long term therapy with anticonvulsant drugs, or what is the best first drug for the treatment of AWS, are discussed in detail. Other questions such as how tolerance on, and physical dependence to alcohol develop are addressed down to the molecular level.

All in all, "Alcohol and Seizures" is a comprehensive coverage of understanding and treatment of alcohol related seizures. It is well worth reading and should have a place in the libraries of both clinicians and neuroscientists.

ELINOR BEN-MENACHEM

Shadow over my Brain: A Battle against Parkinson's Disease. By C TODES. (Pp 150; Price: £12.95). Gloucestershire, The Windrush Press, 1990. ISBN 0-900075-86-4.

This is a book of general interest written with a lay readership in mind. However, it is written by a medical practitioner who was practising as a psychoanalyst when, at the age of 39, he developed Parkinson's disease. For a medical readership there is the potential sense of being able to identify with the experience of chronic disease in a colleague: for the layman—presumably with Parkinson's disease—the identification with Dr Todes' experiences is likely to be less for a number of reasons.

Dr Todes uses a highly psychoanalytical approach. When discussing causation he remarks "... no doubt that through consolidated pathways of subsequent experience my Parkinson's disease represents that weeping function". And when discussing treatment "to be achieved without subduing the patient's assertiveness, which was better for the ultimate reconciliation of the loving and hating capacity..." Such an approach is currently unfashionable in clinical neurology and seems likely to confuse a patient with the disease.

Dr Todes has investigated his response to an extraordinary variety of treatments for Parkinson's disease. Levodopa, Deprenyl, endorphins, Pergolide, Terguride, Lisuride,

iron, anticholinergics, and finally foetal brain implant surgery. It is disappointing that there is little description of the benefits of these various treatments, or their side effects. And the description of the preparation for the operation seems likely to give the impression that this procedure is done without any clearcut indications or precautions.

After reading this book I was left unable to relate to Dr Todes' brave journey seeking relief from Parkinson's disease; and, with the strong impression that my patients would also find it difficult to learn from his experience.

Can this book teach the practising neurologist something about the disease that he can not learn in clinical practice? Any account as sophisticated as this must remind us of the importance of sensitive discussion and explanation, and above all, the need to listen and ponder on the patient's problems. Parkinson's disease is as various as the patient's suffering from the condition. Standardised treatment is just the start of a contract between patient and physician to mitigate the effects of this unpleasant disease.

R B GODWIN-AUSTEN

1990 Yearbook of Psychiatry and Applied Mental Health. Editor-in-Chief: J A TALBOTT. (Pp 426; £44.00). London: Wolfe Publishing Ltd, 1990. ISBN 0-8151-8930-3.

This book follows the format of its predecessors, and divides the subject into 10 major areas, each with its own editor. Neither social psychiatry nor psychiatric epidemiology manage to get into this classification, since the approach is both clinical and North American. Each area is managed by its own editor, who writes a short introduction, selects what he considers to be interesting papers, and writes a summary of each selected paper followed by a pithy comment of his own. Inevitably, one is in the hands of each editor. Although the range of journals scanned is wide, the selections are fairly quixotic, with important articles omitted and trivial ones included. Given the scope of the undertaking, this is probably inevitable.

However, your reviewer learned considerably more by reading Yudofsky's chapter on "clinical psychiatry" than he has ever done by attending international conferences, and this was achieved in less than one hour without having to consume a single air-line meal. In addition to many important papers that I happened to have seen, I learned about accurate clinical diagnosis of early dementia by enhanced cue recall; about reduced serotonin turnover in suicidal and impulsively aggressive people; about abnormalities on chromosome 5 in schizophrenia; that the overestimation of size in patients with anorexia nervosa also applies to inanimate objects; and that when multiple sclerosis presents as depression the diagnosis will be missed by CT scan but picked up by MRI scan.

The above chapter showed an admirable grasp of European papers as well as the North American literature. Elsewhere the editing is less deft. Tarrier and his colleagues are referred to as "The British Group" for their work on high EE and relapse in schizophrenia; and the same editor wishes to have patients "who have benefited most" from being placed in a seclusion room "explain the