BOOK REVIEWS

Textbook of Child Neurology, 4th Edition. By JOHN H MENKES. (Pp 831; Price £51.44). Beckenham, Lea & Febiger, (UK) Ltd, 1990. ISBN 0 8121 1266 0.

The authors justification for adding to the range of paediatric neurology textbooks is the incorporation of elements of basic neurological sciences into the clinical evaluation and management of the child with neurological disease. This is the book's strength.

The brief introduction on examination and investigation is rather formal and tentative. Chromosomal disorders are given 20 pages, and disorders of learning and development are given about 30 pages, two of which discuss drug treatment for hyperactivity. By contrast the chapter on metabolic diseases is given 110 pages including 733 references, degenerative diseases are given 50 pages, diseases of the motor unit 47 pages, CNS malformations 75 pages and infections 97 pages including 893 references. The section on HIV infection in the last named chapter is newly written with recent references, but several other sections refer little to recent work—over all only a sixth of the references are post 1985.

Many will be surprised to find no chapter on central motor disorders. Extrapyramidal disorders do not feature in the index and the section on cerebral palsies appears inappropriately in the middle of the chapter on perinatal asphyxia and trauma. The advice on treatment and management for disabled children seems to amount to some splinting and orthopaedic surgery, some awareness of sensory defect and bulbar palsy while it is "beyond the scope of this book to explore the emotional and social factors that need to be considered." If therapy is so ineffective why do doctors keep referring to therapists?

When there is so much good material available elsewhere on paroxysmal disorders it is a daunting prospect to write a chapter for a neurology textbook. The section on epilepsy contains a surprising number of archaic drugs. Even in the account of the standard treatments, the first five described are phenobarbital, methyphenobarbital, primidone, phenytoin and mephenytoin. Trimethadione is listed before valproic acid.

There should be room for the book in regional paediatric neurology centre libraries to complement other books. The principal chapters including that on neurological manifestations of systemic disease, remain useful sources of reference.

IAN McKINLAY

The Anxiolytic Jungle: Where Next? Edited by D WHEATLEY. (Pp 220; Price £47.50). Chichester, John Wiley & Sons Ltd, 1990. ISBN 0 471 92855 0.

Anxiety is a universal phenomenon. With changing life styles the stressors are changing as are anxiety-reducing mechanisms. As the editor of this book emphasizes in his preface—the *anxiogenic jungle* or stress in the wild was well established before the emergence of the *anxiolytic jungle*.

This book aims to offer a current review of anxiolytic therapies. The book is divided into three sections: the benzodiazepines, the social context, and after the benzodiazepines. The authors are well known names, experts in their respective fields. The emphasis is on pharmacological treatment. This is not surprising because the chapters were originally contributed to a meeting of the Forum on Clinical Pharmacology and Therapeutics established by the Royal Society of Medicine.

The first section has authors like Professor Lader and Doctors Trimble, Tyrer, Braithwaite and Hindmarch dealing with benzodiazepines. Of these the two chapters by Drs Trimble and Tyrer are excellent. Whereas Dr Trimble focuses on clinical practice, Dr Tyrer deals with the current problems and offers sound practical advice. The second section on the social context is disappointing. It does not take into account broad social factors. The contribution on industry, doctors and the law does not offer enough insight into the "industry of benzodiazepines". The third section on the post-benzodiazepines era offers some new insights into the new pharmacology of anxiety. Dr Montgomery reviews the use of antidepressants as anxioytics.

The book as a whole comes as a disappointment. Some chapters appear as they were originally intended to be i.e. lectures. A chapter on historical overview of anxiety and anxiolytics would have added to the book. The book remains patchy and there are small irritations like occasional incomplete references. The production apart from that is excellent. I wish one could say that universally about its contents.

DINESH BHUGRA

Handbook of Vertigo. By M E GLASSCOCK III, R A CUEVA AND B A THEDINGER. (Pp 112; Price: $59.00.) 1990. New York: Raven Press. ISBN 0 88167 688 8.

The aim of this handbook is to provide an overview of the vestibular apparatus and its disorders for medical students and junior hospital staff. Unfortunately, the text is so superficial as to skim over some of the most important aspects of the vestibular system and it totally omits others. The authors fail to recognise the importance of the integration of visual, vestibular and proprioceptive inputs in terms of balance.

The sections on anatomy and physiology and clinical examination particularly reflect this narrow approach. Clinically, there are no guide-lines as to how the clinician might differentiate peripheral from central vertigo or indeed differentiate the plethora of non-vestibular disorders giving rise to symptoms of dysequilibrium. The clinical examination of nystagmus is brief and no consideration of the clinical assessment of eye movements is given. For screening purposes the authors describe a monothermal caloric technique, which is so limited as to be extremely misleading. In addition they advocate the recording of eye movements, without having discussed clinical evaluation of eye movement abnormalities. Such practice is extremely misleading and errors are bound to occur.

Discussion of peripheral vestibular disorders is satisfactory at a basic level, but central vestibular disorders are considered inadequately in the absence of any discussion of eye movement abnormalities, the mechanisms subserving them and the diagnostic value of such abnormalities. The surgical treatment of vertigo is well covered and undoubtedly reflects the authors' surgical backgrounds, whereas the medical treatment is again rather brief, and poorly referenced.

The book concludes with 15 case studies, in which there is no discussion of differential diagnosis. There is little emphasis on careful history taking and examination which are vital in the appropriate assessment of vestibular disorders. This book cannot be recommended, as it is expensive and grossly over-simplified; much of the information is misleading and could only result in inadequate if not inaccurate vestibular diagnosis.

LINDA M LUXON

Focal Epilepsy: Clinical Use of Emission Tomography (Current Problems in Epilepsy No. 7) Edited by M BALDY-MOULINIER, N A LASSEN, J ENGEL JR AND S ASKIENAZY. (Pp 216; Price: £28·00; US$55.00; FF280.00; L.64,000). 1990. ISBN 086196 206 0. London: John Libby & Co. Ltd.

Surgical treatment of refractory epilepsy offers good results for many patients, especially those with seizures arising in a temporal lobe. One of the difficulties is in identifying those patients who are more likely to benefit, and those who might be made worse. Investigation of these patients involves many different techniques: electroencephalography with the use of sphenoidal and intracranial electrodes, and with ambulatory monitoring, radiological imaging with CT and MRI, scanning with PET and SPECT, and neuropsychological investigations including intra-arterial amytal. These investigations vary in risk, practicability, cost, reliability, and availability.

This book contains 20 papers given at a symposium in Paris in May 1989 with a similar title and attributed commercial sponsorship. The majority of the contributors are European with several from France. The papers give reports of the use of PET and more often SPECT in a number of small local series and attempts are made to establish a relationship between emission tomography and other investigatory techniques. The basic premise is that focal cerebral hypoperfusion occures interictally, and hyperperfusion ictally, and that SPECT is sensitive to these changes. Lateralisation of the seizure discharge is thus more easily made than by more complex EEG, or less sensitive radiological imaging. Most contributors are enthusiastic about this relationship but some are more cautious. In the good chapter by Duncan *et al*, the abnormalities seen interictally are shown not simply to be those of hypoperfusion: some show hyperperfusion, and Andersen *et al* showed that SPECT and EEG failed to correlate in approximately 25% of patients. Such findings are also present in other contributions.

The final decision over which temporal lobe (or neither) should be ablated is one of