# 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

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judgement. The difficulty is of weighting the available evidence. Not surprisingly this book favours SPECT but I do not feel that they have established this as firmly as is needed.

RCD GREENHALL

**Epilepsy: Frequency, Causes and Consequences.** By W A HAUSER AND D C HESDORFFER. (Pp 378; Price Not Indicated). New York, Demos Publications, 1990. ISBN 0 939957 32 9.

This impressive reference book has been produced by the Epilepsy Foundation of America, the two authors have been assisted by a distinguished basics statistics and advisory committee. The result is an outstanding compendium of facts and figures; all you could wish to know about epilepsy and indeed, a good deal more. The compact, factual nature of the contents does result in a somewhat styleless prose though this is not necessarily a disadvantage in a book that will be referred to, rather than read through. Each chapter is supplemented by a helpful annotated, up to date bibliography and stimulating section on further research. The opening section of the book deals with the incidence and prevalence of epilepsy and incorporates several valuable and easily understood tables. The next section on seizure risk factors commences with a brief explanation (of great value to the statistically less literate) of terms such as relative risk and odds ratio. This informative chapter then considers the likelihood of epilepsy following certain mechanical or metabolic insults to the brain.

Further sections include review of the current knowledge of the role of genetics in epilepsy, the outcome following the use of anti-epileptic medication for prophylaxis in high risk groups, the effect of pregnancy and the risk of teratogenesis, the prognosis of epilepsy and a particularly authoritative account of the evidence and reasons for increased mortality among individuals when compared with the general population. Throughout this text there is a high standard of scholarship. It is comprehensively indexed and closes with an invaluable glossary defining terminology.

This book is highly recommended, serving its stated purpose to expand and improve our current knowledge of epilepsy. It provides a comprehensive, critical review of current statistical information on all aspects of this disorder. It will prove invaluable to anyone who deals regularly with seizures and will act as a constant and definitive source of reference for both clinical and research purposes.

IAN BONE

**Diagnostic Tests in Neurology.** Edited by P M MATTHEWS AND D L ARNOLD. (Pp 372, Illustrated; Price: £25·00.) 1990. Edinburgh: Churchill Livingstone. ISBN 0 443 08621 4.

It is often a perception of British Physicians that our colleagues in the North American continent tend to rely on investigation to achieve a diagnosis. The authors of this text stress heavily the need for detailed clinical evaluation of the patient before investigation and, if the advice given in this volume is followed, then excessive investigation would become rare.

The volume is divided into two sections: the first dealing with the fundamental principles and applications of the various tests used in neurology, and the second half is devoted to diagnostic approaches to common neurological problems. Certainly the strength of the book is in the first section, where the individual tests most commonly used (neurophysiology, neuroradiology and biopsies) are covered in detail, either by the editors or by specialists in the individual field. The accounts are clearly written and not only discuss the role of the investigation but clearly set out the limitations of the individual techniques and the complications thereof. Within this section, the chapter on the Approach to Hereditary Metabolic Disease is outstanding, with a very lucid explanation of modern molecular biology and genetics. There are some areas which reflect the difference in European and North American practice, where for example, it is recommended that the individual performing the lumbar puncture should perform the cell count personally within three hours!

The second half of the book deals with Diagnostic Approaches to Common Neurological Problems. The editors acknowledge that their approach will meet with a variable consensus from other Neurologists, but rightly stress that . . . "The laboratory evaluation for each patient should be thoughtfully individualised".

For its intended readership, and that is the junior neurological Resident, this is an excellent introduction to the basic tests used in neurological practice and as such should have a place in each Departmental library.

WJK CUMMING

**Pathogenesis and Therapy of Duchenne and Becker Muscular Dystrophy.** Edited by B A KAKULAS AND F L MASTAGLIA. (Pp 273; Price $96.00). New York, Raven Press, 1990. ISBN 0-88167-597-0.

Kakulas and Mastaglia assembled a formidable array of neuroscientists and others from around the Pacific basin to consider the implications of "the new genetics" for the management of the X-linked recessive myopathies at a workshop in Perth, WA, which took place in February, 1989. The proceedings of this workshop constitute the first comprehensive overview of the clinical consequences of the discovery of the Xp 21 deletion and, as such, is a welcome addition to the literature. However the editors and their contributors were working in what is one of the most rapidly evolving scenes in human biology and it is axiomatic that volumes of this kind are "out of time" by the time they reach the bookstands. This is borne out by contemporary developments in the study of dystrophin, the gene product of the Xp 21 deletion(s).

Deficiency of dystrophin may not live up to its early reputation as a precise diagnostic tool because of its rather variable expression, even in boys with Duchenne disease. Nevertheless this workshop is a first-class reference source and "bench book" for clinicians dealing with what Rowland now calls the Xp 21 myopathies. It is organised in three major sections; the molecular genetics of the Xp 21 myopathies, their relationship to the pathogenesis and pathology of the Duchenne disease and their implications for its treatment. In each of these three sections, the participants are at the forefront of the investigation and management of the genetically-determined myopathies and this is reflected in the quality of the individual contributions.

There follows two sections summarising the round table discussions which followed the major sessions and their conclusions. These are rather less valuable scientifically and clinically but their honesty reflects the uncertainties in the area. Certainly Donald Wood's assertion that "We have an awful lot yet to learn about defects in the region Xp 21 2..." is incontestable.

P HUDGSON

**Clinical and Neuropsychological Aspects of Closed Head Injury.** Brain Damage Behaviour & Cognition Series. By J T E RICHARDSON. (Pp 351; Price £19.00). London, Taylor & Francis, 1990. ISBN 0 85066 466 7.

The text purports to be both accessible and scholarly providing an indispensable source of information for a range of disciplines dealing with the brain damaged due to closed head injury. An introduction to the definitions of basic terms, with a classification of Head Injury and a critique of the Glasgow Coma Scale is followed by an exhaustive account of the epidemiology of head trauma, ultimately and helpfully summarised.

The description of the pathophysiology of head trauma is basic and presumably directed to those unlikely to be familiar with the fundamentals of neuroscience. A discussion of retrograde and post traumatic amnesia embraces mechanisms derived from psychological models of memory, after which an incursion is made into the numerous studies in the literature concerning memory loss and its assessment. Again, a summary aids the reader. Disturbances of cognition and language are dealt with in a similar manner.

The contentious issues surrounding the post-concussional syndrome are handled sensitively and undogmatically; and the burdens placed on families by the unwelcome personality changes are thoughtfully discussed. The problems of determining outcome and recovery and the lack of evaluative research into assessing techniques of rehabilitation conclude the text, which contains an extensive bibliography. The book is not an easy read and the neuropsychological strengths are greater than the psychiatric. The aims are fulfilled with perhaps a bias to a psychological rather than neurological readership. As a reference work, this sturdy paperback is well priced.

D NEARY

**Parkinsonism: Diagnosis and Treatment.** Edited by G NAPPI AND T CARACENI. (Pp 248; Price £29.95.) 1990. Lancaster, Gazelle Book Services. ISBN 0-9621697-0-6.

This concise manual is a conference report

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