It is stated that because "you don't get a temperature with a nervous breakdown, the patient must be asked to buy a thermometer and not to leave the chemist's shop until he has been shown how to read it". The author then tells us that many of the patients with ME do not run fevers. The book simply brings together all the conflicting points of view and leaves the reader in considerable doubt as to whether there is here a nosological entity. We are advised as clinicians to exclude all the possible causes of fatigue and when with diligence this has been achieved then consider that there is a genuine disorder of muscle fatigue which constitutes ME.

I feel that most clinicians with experience of these patients would accept the orthodox view that the majority are depressed and will respond to advice and tricyclic drugs, and after the organic causes of fatigue have been excluded in the remainder, there is little left. This reviewer does not agree with Merry who writes that "the climate of medical opinion, although as slow to move as the bowels of the earth, seems to be shifting gradually towards regarding ME as an organic disease and less as a figment of the imagination," and feels, that acceptance of the disease will help, "a great deal in providing a broad basis for research". He encourages the active support of the ME association and instances the "magnificent work with the VP1 estimations", but endorses the use of acupuncture, only when undertaken by an experienced practitioner, "as poor results result otherwise".

An unconvinced and somewhat biased reviewer, but hopefully not a biased review.

JB FOSTER

Traumatic Transtentorial Herniation and its Management. By B T ANDREWS AND L H PITTS. (Pp 152; Price: \$40.00.) New York: Futura Publishing Co. 1991. ISBN 0 87993 383 6.

This monograph describes the management of severe head injuries presenting with the clinical signs of transtentorial herniation, that is unilateral or bilateral fixed dilated pupils with depressed consciousness and hemiparesis. The authors are senior neurosurgeons at the San Francisco General Hospital Medical Centre, University of California.

The book starts with the anatomy and clinical manifestations of transtentorial herniation, and then sets out the initial assessment, resuscitation, investigation and surgical and ITU treatment of these patients. Every neurosurgeon and trauma specialist will be interested in the management protocol which the UCSD has adopted for this very difficult clinical problem. The authors attempt to justify their main point in management, the use of bilateral burr holes prior to CT scanning, because they believe that in these patients who are rapidly deteriorating, the delay whilst a CT scan is performed is critical. The statistics with which they back up this belief are based on 153 cases, of which 68% die and 18% had a good or moderately disabled recovery. During the burr hole procedure intraoperative ultrasound is used to scan for haematomas within the brain substance. The authors accept that there is no statistical validation of their protocol, and also note that their views are controversial.

Although this book contains useful information, apart from the use of surgery before scanning and intra-operative ultrasound, it does not make any other new management points. It is questionable whether it justifies a whole monograph, although it is reasonably priced at \$40.00 U.S.

MICHAEL POWELL

Pain and Central Nervous System Disease: The Central Pain Syndromes. (The Bristol-Myers Squibb Symposium on Pain Research.) Edited by KENNETH L CASEY. (Pp 290; Price: \$115.00.) 1991. New York, Raven Press. ISBN 0 88167 776 0.

In 1969, Cassinari and Pagni wrote the only monograph on central pain until the present book appeared. This book, an excellent account of developments since that time, comprises chapters from 26 authors who contributed to a Symposium on Central Pain held in Michigan in July 1990. The book is particularly important since the field covers numerous related topics which are spread widely in the scientific literature, and it is difficult to summarise the "state of the art", a task achieved here admirably.

The book is divided into sections comprising clinical aspects of central pain states: assessment, measurement and behavioural issues; anatomy and physiology relevant to central pain states; chemohodology and pharmacology; and therapeutic aspects.

Certain problems recur throughout the book, for example, what precisely is central pain? This is no problem for post-stroke pain syndromes, but if, as is so amply discussed, widespread changes occur in the central nervous system following purely peripheral painful lesions, does separation of central and peripheral pain still make sense? Nevertheless, here is the place to find out about pain after strokes and spinal cord injury, about what happens in the spinal cord and thalamus in central pain, about denervation supersensitivity, neuronal plasticity, what the relevant pathways might be, what the most useful drugs and augmenting and ablative procedures are for helping these patients. And much more.

The contributions have been very well written and edited, the book is extremely up-to-date and immaculately produced.

GD SCHOTT

MRI of the Central Nervous System: A Pathology Atlas. Edited by K MORI. (Pp 241 Illustrated; Price: DM 220.00). Heidelberg, Springer-Verlag, 1991. ISBN 3 540 70069 2.

As the title implies, this book is predominantly an atlas of abnormal magnetic resonance images of the central nervous system. In many cases, comparable computed tomograms are included and some angiograms and plain films are also illustrated. Many of the pathologies are histologically confirmed, though no specimens are illustrated. In congenital abnormalities for example, the diagnosis is evident from the images alone; in others such as vascular diseases, confirmation is by other radiological studies.

The text is brief and at an elementary level. Short chapters deal with the basic principles of magnetic resonance and of normal and abnormal signal production; and, an anatomical atlas displaying normal sections of the brain and spine with labelled line drawings is included, though only the very major anatomical features are indicated.

Most of the common abnormalities indicated are included but the range of pathologies is by no means complete. In general the cases selected to illustrate a particular condition demonstrate the important and typical features on which the diagnosis depends. However, there is no labelling of illustrations or line drawings in this part of the book and many details visible on the illustrations do not receive any comment in the captions.

Most of the images were produced on an Hitachi 0.5 Tesla super-conducting system. With few exceptions, they are of good quality and are always adequate to demonstrate the pathology. There is a good bibliography but the latest references are from 1988. The book is at too elementary a level to be useful to neuroscientists. It is suitable for students and perhaps for general radiologists and physicians beginning to study the central nervous system with MRI but unfortunately, it is relatively expensive.

BRIAN KENDALL

Disturbances of Lower and Higher Visual Capacities Caused by Occipital Damage. History of Neuroscience Series/2. By W POPPELREUTER. (Pp 370; Price £20.00.) Oxford, Clarendon Press, 1990. ISBN 0 19 852190 1.

This book published by O.U.P. has been translated by Zihl with the assistance of Weiskrantz. The value of this exercise goes far beyond an opportunity to put Poppelreuter's ideas into an historical context because so much of this material is unfamiliar to us and remains illuminating in its own right. The preface to the translation gives a brief biography of Poppelreuter. The translator has achieved a deep understanding and we are well prepared for Poppelreuter's approach to his subject and the internal and external factors which shaped it, and those which later condemned it to unjustified neglect.

Poppelreuter did not consider his clinical material (cases of missile injuries to the brain sustained in World War One) to be suitable for a study of localisation of function and none is attempted. Thus we do not find the intensive methods of accurate localisation of lesions and the emphasis on the topographic aspects of the visual field defects which occupied Inouye and Holmes. Not only was he sceptical of the concept of a point to point representation of the visual field in the cortex but the location of the damage was irrelevant to Poppelreuter's ultimate objective: rehabilitation. This interest, however, generated a comprehensive account of the functional consequences of the occipital damage in these patients aided by a thorough grounding in Gestalt Psychology. Each aspect of visual function is heralded by an essay describing the basic psychological principles, these are charged with Poppelreuter's own ideas but are also excellent summaries of the state of