A panel of anti-dystrophin antibodies might not only detect the presence of small in-frame deletions (as Dr Kyriakides points out) but may also suggest the presence of point mutations affecting the epitopes recognised by an individual antibody. Such information can then be used to narrow down the search for the precise gene defect by other molecular biology techniques.

In conclusion, I believe that the most rational and cost effective diagnostic approach to the study of dystrophinopathies is to perform immunohistochemical analysis in a panel of anti-dystrophin antibodies as a first option. As we have demonstrated,1 this strategy allows the detection of minor abnormalities that cannot be found using only one antibody. If this analysis is normal, but a dystrophinopathy still suspected, a subsequent Western blot analysis (with a careful quantitation and correction for the myosin content) then becomes appropriate. The use of multiple antibodies will make the need for this more accurate but time-consuming technique less necessary.

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**BOOK REVIEWS**

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This volume is the published proceedings of the Fifth International Child Neurology and the Third Asian and Oceanian Congress of Child Neurology held in Tokyo in November 1990. Topics covered include metabolic encephalopathies, neurological infections, complications of immunisation, febrile convulsions, intractable epilepsy and child neurology in tropical countries. The papers are of high quality. Some are single case reports of unusual conditions, others are authoritative and up to date reviews of important topics in child neurology. An example is the paper by Jean Aicardi on Febrile Convulsions. Other papers describe large series of children with neurological disorders unfamiliar to child neurologists in Western countries. A prominent example is the paper by Udani on the presentation of CNS involvement in children who have had BCG vaccination.

The section on metabolic encephalopathies include both clinical details of children with mitochondrial disorders and Reye-like syndromes but also discussion of possible pathogenesis. Aiyathurai’s discussion of the significance of giant mitochondria and peroxisomal proliferation in Reye-like encephalopathies provides insight as to the metabolic derangements in these conditions. There are excellent clinical and biochemical reviews of MELAS and Leigh’s encephalopathy.

There is no subject index in the volume which is essential when such diverse neurological topics are covered. This book will be of interest to the child neurologist because of its diverse subject matter but selective sampling of its contents is advised. Perhaps for future volumes a more selective approach to the material to be included is indicated. This may allow inclusion of discussions that follow the presentations, which are perhaps the most interesting aspect of specialist meetings.

MA CLARKE


This formidable text has five eminent editors and over 100 contributors to 66 chapters and aims to present the metabolic and/or molecular basis of neurological disorders to clinicians who care for patients with hereditary neurological disorders and to the important band of neuroscientists who investigate them.

The first chapter explains the rationale and methods of DNA investigations and serves as a good basis for understanding strategies for gene identification and mutation analysis. A wide variety of other topics include membrane excitability disorders, neuro-oncology, disorders of muscle and mitochondria. However, some chapters are more suitable for paediatricians than for neurologists. For example, the two conditions described under "Chromosomes" are Down’s syndrome and Fragile-X syndrome, and there are 30 chapters on inborn errors of metabolism.

A useful result of genetic studies is the discovery of new proteins and the subsequent elucidation of their normal function. Dystrophin is one such example clearly described here. Another exciting outcome of genetic analysis is the correlation of clinical findings with gene mutations, as exemplified by the glycojen storage diseases, where different genes code different sub-units of enzymes, and where there are many different mutations of the same gene. There are also unusual pathogenetic mechanisms such as the size of a (CTG) repeat in myotonic dystrophy or the altered conformation of a gene product with prion protein disease or p53 mutations. Such oddities should serve to stimulate as well as educate.

However, the policy of describing those diseases with a known molecular or metabolic basis leads to a somewhat distorted view of neurology, so that rare diseases are given disproportionate space, but poorly understood diseases. Nevertheless, this textbook represents a major and successful undertaking, although a subsequent edition should include chromosomal causes of central malformations, more discussion of the neurodegenerative disorders of old age, and accounts of all the genes listed in Harding’s and Rosenberg’s neurologic gene map.

SARAH BUNDEY


Virtually every psychiatrist will be familiar with this series which presents reviews on topics in psychiatry, essentially a digest of recent literature. Chapters are helpfully concluded with important points for clinical practice, and at the end of the book there are reviews of some key papers published in 1990/1991.

Like most multi-author textbooks, the presentation is uneven. Some chapters contain undigested literature and, beyond some time saving on reading original papers, present little advantage to the reader. The chapter on Parkinson’s Disease is excellent; it critically evaluates the literature, as is the chapter on Liaison Psychiatry of Old Age, with helpful suggestions on the use of rating scales by non-psychiatrists to evaluate mental disorder in the elderly. Everyone should read the chapters on Chronic Pain and Somatoform Disorders as the emotional component of pain is so often misconstrued and incorrectly integrated into the treatment process with poor outcome for patient and doctor.

This book is, therefore, a must for psychiatric trainees preparing for Membership or senior psychiatrists who wish to keep abreast of new developments. Doctors with an eclectic view in other specialties may well find it pertinent to their clinical needs.

MARTIN G LIVINGSTON


This book contains contributions from sixty authors. However, the first expressed in the preface ..."on connait les risques de la pluridisciplinarite aussi bien dans la divergence des opinions que dans la dispersion de