face verbal descriptions of diseases on the left. An excellent example of clarity and good teaching is provided by Parkinson's Disease: a photograph of the typical posture, the hand-writing, loss of pigmented dopamine cells in the substantia nigra (with a normal control) and a positron emission tomograph showing reduced ^{18}F -dopa uptake in basal ganglia on the right, with cardinal symptoms and signs, and treatment opposite.

The book starts logically with examination of the cranial nerves. However, it is wrong to ask the patient to identify the smell; we are testing the ability to smell, recognition is immaterial. The examination of the 3rd, 4th and 6th cranial nerves leaves something to be desired. For instance, there is no indication how to test for nystagmus correctly (only at the end of the book is there a poor representation of testing for positional vertigo and nystagmus: the picture is not clear and Hallpike and Dix's (Mickey Mouse) diagrams are infinitely better). Also in testing eye movements, the pointer is positioned near the bridge of the nose rather than at the extremes of gaze; testing upward gaze, the pointer is below rather than above eye level.

There are other deficiencies in the rest of the text and diagrams: no illustration of hemi- or paraplegia; no clear statement of upper motor neuron or lower motor neuron symptoms or signs; absence of the characteristic wedge-shaped infarct of a stroke in brain scans (most of which are excellent). The loss of anterior horn cells in the spinal cord of motor neurone disease is missing but we are shown a muscle biopsy: not the way to make the diagnosis.

Further deficiencies include the absence of histology and demyelination with oedema and cellular infiltration characteristic of a multiple sclerosis plaque; instead, we are shown perivascular cuffing, a secondary phenomenon. Although a spinal MRI scan beautifully demonstrates syringomyelia, there is no mention of the remediable Arnold-Chiari malformation; the opportunity to teach sensory testing based on spinal cord anatomy is missed. In Alzheimer's Disease, the primary loss of neurones is present in the photograph but only neurofibrillary tangles and senile plaques are pointed out. In meningitis the photographs fail to show how to test for neck stiffness, although instead we are shown three microphotographs of different bacteria. The types of visual field loss in acromegaly are not illustrated. In epilepsy, the first photograph is of an EEG which is not the way to make the diagnosis. Cluster headache replaced "migrainous neuralgia" at least five years ago.

There is currently much talk of a core curriculum. Neurologists at teaching hospitals need to be clear what to teach in the 4–6 weeks that students are attached to the Firm to provide a sound basis for further learning, regrettably absent in this volume. I hope a second edition will correct these deficits.

Having been (perhaps too) constructively critical, let me conclude by pointing out many good features in this book: radiographs and fundal photographs are excellent; facial palsy, ptosis, eye movements, pupils, temporal arteritis and postmortem specimens are well produced; the text is clearly written and succinct, and the index is good. But I am in no doubt that time has arrived that neurology can be demystified and taught as a simple discipline as straightforward as heart and lung disease.

JN BLAU

Pain and Headache Vol. 12. The Initial Processing of Pain and Its Descending Control: Spinal and Trigeminal Systems. By A R LIGHT; SERIES EDITOR PH L GILDENBERG. (Pp 306; Price: SFr350, DM419, £152.20, US\$280.00). 1992. Basel, Karger. ISBN 3 8055 5569 5.

Alan Light continues the tradition of Cajal, Szent-Agothai and Alan Brown in following the anatomy of afferent nerve fibres and the cells on which they end. In addition he describes their physiology, a subject to which he has greatly contributed with his chief E R Perl. It is inevitable that one must compare this book with the fatter (575 versus 306 page) second edition of *Sensory Mechanisms of the Spinal Cord*, by W D Willis and R E Coggeshall, Plenum, New York, 1991. Light's book which covers the same general ground contains somewhat more on the trigeminal system and on descending controls.

However the main difference between the two books is that, while Willis and Coggeshall are almost painfully theory free, this book proclaims the tenet "Except in extremely unusual circumstances, the sensation of pain (as opposed to the perception) derives only from the activation of nociceptors". This basic dogma inevitably leads to an emphasis on work designed to reveal a nervous system which is relatively hard wired, line labelled and modality specific. This in turn involves a low profile or frank dismissal being assigned to the growing clinical and experimental literature which reveals remarkable modality plasticity both during development and in adults in pathological situations. Patients would be indeed fortunate if all the allodynia, hyperalgesias and neuropathies were "extremely unusual circumstances". An adequate explanation and treatment for those pains will be the arbiter of the validity of Light's tenet.

It is no fault of the authors but an unfortunate comment on contemporary publishing practices that the book under review is three times as expensive as the roughly comparable but larger book by Willis and Coggeshall.

PD WALL

Treatment of Diabetic Neuropathy: A New Approach. Edited by D F HORROBIN. (Pp 139; Illustrated; Price: £29.50). 1992. Edinburgh, Churchill Livingstone. ISBN 0 443 04774 X.

Diabetic neuropathy is a common condition affecting a high proportion of longstanding diabetic patients, causing problems chiefly from foot ulceration, autonomic symptoms and sometimes pain. Apart from the potential benefits of good diabetic control there is so far no other known method of preventing the development of diabetic neuropathy. This is particularly frustrating in view of the very wide range of agents which seem to be successful in animal models.

This book describes in detail the use of a single agent, namely gamma-linolenic acid (GLA), an essential fatty acid which is known to be deficient in diabetic subjects. Description of the biochemical abnormalities in diabetic nerves is excellent, and the very striking beneficial effects on defective nerve function in experimental diabetes are very clearly presented by known authorities in the field. The results of a major multicentre clinical trial are also presented showing

improvements in a wide range of functional abnormalities. This is indeed encouraging, as is the use of other agents such as aldose reductase inhibitors, but in both instances we are still largely ignorant of the potential of these substances for preventing the development of the structural changes of neuropathy.

It is timely to publish a monograph on diabetic neuropathy, and the first two chapters in this book include a brief clinical description of the various disorders together with a very thoughtful "neurologist's view" from Professor P K Thomas. It is therefore an interesting book but much too narrow in its content to be of general interest.

PJ WATKINS

Understanding Brain Damage: A Primer of Neuropsychological Evaluation/2nd Edition. By KEVIN W WALSH. (Pp 290; Price: £34.95.) 1991. Edinburgh, Churchill Livingstone. ISBN 0-443-04320-5.

This is the second edition of a successful text which complements "Neuropsychology — A Clinical Approach" by the same author. The first chapter discusses methodology and general principles; subsequent chapters deal with selected topics such as alcohol related brain damage, intellectual decline, head injury, and cerebrovascular disorders. Each chapter offers a well-referenced summary of the topic followed by examples of cases illustrating some aspects of the principles described. One minor criticism is that some of the references are to old editions of neurological texts.

The subject matter and case material are well chosen. Descriptions and explanations are clear and practical. They are presented in a personal style which is a pleasure to read and which reflects the mastery of the subject by the author whose experience in the field is immediately evident to the reader. The discussion and illustrations of "pseudo-neurological disorders" dealing with conversion reactions, hysteria and psychogenic amnesia are particularly illuminating and offer helpful comments on the management of these conditions.

While primarily written for the psychologist inexperienced in neuropsychological evaluations, this book contains a good deal of wisdom for clinicians requesting and interpreting psychological assessments. It will be of value in bridging the gap between the neurological clinician and the psychologist involved in the management of neurological patients. As a primer of neuropsychological evaluation it succeeds admirably.

AN GALE

The Neuropsychology of Epilepsy (Critical Issues in Neuropsychology Series). Edited by T L BENNETT. (Pp 316; Price: \$45.00.) 1992. New York, Plenum Publishing Corp. ISBN 0-306-43948-4.

Although a book devoted to the neuropsychology of epilepsy is to be welcomed, something about this book irked me. It began with a historical review, largely regurgitating information from Temkin, with glaring historical inaccuracies. For example, Jacksonian seizures are not to be equated with uncinate seizures, and did not become renamed psychomotor seizures. The reader may start with chapter 2, a standard account of some neurological aspects of epilepsy. However, the meat of the book begins with the next two

chapters by Hermann and his group, examining multiaetiological models of psychosocial dysfunction and psychological assessment of patients with non epileptic seizures. Some data have been published elsewhere; their failure to find associations between polytherapy and phenobarbitone prescription and depression is contrary to some other work in the literature.

Bennett, the overall editor provides a chapter on cognitive aspects of epilepsy and anticonvulsant drugs. Although his phenomenology is awry when discussing distinctions between the hallucinations of an aura and the experiences of schizophrenic patients, his conclusion that anticonvulsant drugs affect cognition and that differences exist between drugs, favouring Carbamazepine and sodium valproate is of relevance to recent debate.

Other chapters cover temporo-limbic epilepsy, a concept to be welcomed, in which the interictal behavioural syndrome is reviewed and given some validity. Oddly, psychosis is not discussed in this context. Mungas, in one of the few chapters providing original data suggests from complex cluster analysis a figure of 21% for those suffering from "the proposed behavioural syndrome". Interestingly, this cluster was interlinked with complex partial seizures, providing further indirect evidence of association between limbic seizures and such behaviour. The other chapters review temporal lobectomy, Wada testing, bio-feedback and corpus callosotomy. They are of variable interest, but the only one containing new data is by Sakin and his colleagues from Philadelphia.

Overall, this book is a worthwhile contribution. But the irritation was driven by the discovery that there was not a single European author on a subject that has its roots in the European literature, going back 150 years. Sour grapes on my behalf perhaps, or ignorance by the editor. I leave others to judge.

MR TRIMBLE

Handbook of Parkinson's Disease/2nd Edition. Revised and Expanded. (Neurological Disease & Therapy Series/13). Edited by WM C KOLLER. (Pp 618; Illustrated; Price: \$150.00.) 1992. New York, Marcel Dekker Inc. ISBN 0-8247-8675-0.

This is the revised and expanded second edition of a book first published in 1987. It retains the same chapter headings of the first edition, and many of the same authors. As you might expect junior colleagues of many of the first contributors have been delegated to update the original chapter.

Research in Parkinson's disease appears to be progressing at an amazing pace, yet this book, five years on from the first is not greatly different, and thereby puts in perspective the ever expanding activity of research meetings. Probably the most significant recent discovery is an abnormality in complex one of the mitochondrial respiratory chain. Strangely there is only one short mention of this particular research. Nevertheless the chapter on aetiology by Langston and Tanner remains the most interesting. Yet we still don't know whether Parkinson's disease is an inherited or an acquired disorder, or both. Other chapters too don't indicate a great deal of progress. Levodopa remains the most effective symptomatic treatment of Parkinson's disease. Brain implants remain an experimental procedure;

even the most optimistic appraisal of implantation indicates that only a minute number of patients will benefit from them. Many of the symptoms resist all treatment, and ten years from the diagnosis many patients are profoundly disabled. Thus it is pleasing to see that psychosocial aspects and the rehabilitation approach are not neglected here.

This book covers all aspects of Parkinson's Disease and is the best general text on the topic. However, if you already own the first edition there may be not a lot of point buying the second.

CHRIS CLOUGH

Electroconvulsive Therapy/2nd edition. By RICHARD ABRAMS. (Pp 340; Price £35.00.) 1992. Oxford University Press. ISBN 0-19-507057-7.

Perhaps uniquely among physical treatments used in psychiatry, electroconvulsive therapy (ECT) continues to excite controversy, with passionate advocates and equally passionate detractors. The public perception of ECT is coloured by horror stories and popular fiction based on practices that are depicted as cavalier, cruel and causative of brain damage. Richard Abrams's text is thus a comprehensive and apposite account of the subject. Abrams practises in Chicago, is well known to aficionados of ECT as a prolific author on, and advocate of, the treatment. The first edition of 1988 made a considerable impression, and it shows the interest in the field that a new edition, produced only four years later, should refer to so much more contemporary work.

It begins with a brief historical account of convulsive therapies and continues with a useful review of studies of the efficacy of ECT. There seems little doubt that genuine ECT is superior to sham ECT in the treatment of depression, but the advantage of ECT over adequate doses of antidepressant drugs is less clear. Abrams is very open about the methodological problems that bedevil some studies, and points out the importance of prospective studies. He also makes the rather curious, but not necessarily inadmissible, point that anecdotal clinical experience and the "cumulative wisdom of teachers and colleagues", as he terms it, may have just as much relevance as the controlled study in the evaluation and use of ECT. The next section deals with clinical pointers to successful outcome of the treatment. There is not much that is new here; the presence of psychomotor retardation, stupor and psychotic, mood-congruent delusions provides the best prediction of success, while a more 'neurotic' presentation does not. Further chapters deal with the physiological changes during and after ECT, and the risk associated with ECT.

The core of the book is concerned with practical aspects of ECT. Abrams makes the case for preferring unilateral administration of ECT to the non-dominant cerebral hemisphere to bilateral administration, although the latter is appropriate if the former is ineffective. This recommendation is exactly contrary to that made by the Royal College of Psychiatrists. However, all are agreed that bilateral ECT is followed by more severe memory disturbance than unilateral non-dominant ECT.

The remainder of the book consists of protocols for the administration of ECT, discussions of consent and some fascinating advice about medico-legal issues.

This book represents the views of an unabashed advocate of ECT. It is not too much of a caricature of Abrams's argument to suggest that he presents ECT as something of panacea, which should be offered to a very much wider range of patients than is customary in the United Kingdom. Nevertheless, the book is balanced, and difficult questions are not shirked.

MT ISSAC

SHORT NOTICES

Experimental Approaches to Anxiety and Depression. (Biological Council Symposium on Drug Action. Edited by J MARTIN ELLIOTT, DAVID J HEAL AND CHARLES A MARSDEN. (Pp 272; Illustrated; Price: £55.00.) 1992. Chichester, J Wiley & Sons Ltd. ISBN 0-471-93096-2.

World Health Forum: An International Journal of Health Development. Vol. 13, No. 2/3, 1992. (Pp 276; Annual subscription Sw.fr 68.-.) 1992. GENEVA, WORLD HEALTH ORGANISATION. IX ISSN 0251 2432.

Treatment of Dementias: A New Generation of Progress. Series: Advances in Behavioral Biology Vol. 40. Edited by E M MEYER, J W SIMPKINS, J YAMAMOTO AND F T CREWS. (Pp 533; Price: \$115.00.) 1992. New York, Plenum Publishing Corp. ISBN 0-306-44228-0.

Neurology for the Psychiatry Speciality Board Review. (Brunner/Mazel Continuing Education in Psychiatry Series No. 2). By LEON A WEISBERG, MD. Series Editor: Gene Usdin, MD. (Pp 129; Price: \$27.50.) 1992. New York, Raven Press. ISBN 0-87630-684-9.

NOTICES

Eighth Wye College Neuropathology Symposium: 5-9 July 1993. Designed for neuroscientists, neuropathologists, neurologists and neurosurgeons the programme highlights important areas of recent developments. Course fee of £110 includes full board and lodging for 5 days. Details from: Dr W Gibb, Dept of Neurology, Institute of Psychiatry, De Crespigny Park, London SE5 8AF Tel: 071 703 5411.

The VIII International Congress on Neuromuscular Diseases, Japan
The VIII International Congress on Neuromuscular Diseases will be held on 10-15 July 1994, Kyoto, Japan. The programme will focus on new developments in morphology, electrophysiology, immunology, genetics and treatment. For further information contact: The Secretariat, Intermedd Inc, 4-8-11-306 Tananawa, Minato-Ku, Tokyo 108, Japan. (Telephone: 81-3-3444-5371; Fax: 81-3-3444-5580).