The content of the report is exclusively clinical. There is a useful chapter on differential diagnosis highlighting the need to exclude extrapyramidal disorders such as Huntington’s disease and Wilson’s disease which may initially present as a psychosis. The chapter on epidemiology, risk factors and outcome emphasises the methodological problems encountered in obtaining meaningful data. Other chapters deal thoughtfully with treatment, prevention and litigation issues, and the final summary is excellent.

This book can be recommended to both neurologists and psychiatrists and at $22.50 represents outstanding value.

EGS SPOKES


Every 9 years Dyck, Thomas and a galaxy of co-authors rewrite their epic, two volume, Peripheral Neuropathy. If it were not just one of the hundreds, probably thousands, of clinical, experimental or anatomical references by Peter James Dyck and Peter Kynaston Thomas to the neurosciences it would still be a gigantic undertaking. Words such as prodigious, stupendous or formidable do not quite explain the immense work in size, scope or depth of detail. The editing and production are excellent. The text is well-written throughout, lavishly illustrated, with ample references, a helpful index and cross-references between sections.

The clinical section (volume 2) is a reminder of patients seen and puzzled over, one’s successes, and others one might prefer to forget. I was once obliged to write up two cases of familial lumbar syringomyelia for my chief—the condition is now referred to as HSAN type I. JZ Young in his introduction states that real progress into the neurobiology of peripheral nerves started with the publication of the Medical Research Council’s pamphlet (War Memorandum No 7, 1941) Aids to the Investigation of Peripheral Nerve Injuries prepared by a distinguished bunch of specialists better known for their studies of other parts of the nervous system. My colleagues and I still carry an updated version of the MRC pamphlet and will update for special reference our edition of Dyck and Thomas.

Volume 1 covers the science of the PNS and provides an excellent bibliography for the specialist as well as a clear text for the clinician. Gross and microscopic anatomy are succeeded by propagation of the nerve impulse, peripheral sensors, muscle spindles, Golgi organs but not the motor end plate which is ignored in all aspects. Channel function in axons and support cells is discussed, as is axonal transport, but in a different section 200 pages later. The section on function devoted to the autonomic nervous system is of clinical importance as the ANS is not comprehensively discussed in volume 2. Special attention is paid to the pupil, the enteric nervous system and cardiac innervation but the lungs receive scant mention and cardiac function stops short of the sick sinus syndrome or the assessment of syncope. The embryological section is exciting, and includes the determination of axonal calibre, though elsewhere one is reminded that no axon is of uniform calibre.

The clinical volume 2 covers disease of cranial nerves, anterior horn cells (including MND), plexuses, entrapments and neuropathies from whatever cause. There are strong supporting chapters on genetics (with an explanation of imprinting), epidemiology, toxicology, rehabilitation and pain. Clinicians will find this volume invaluable though at times the experts stop short of answering clinical problems. The percentage risk of drug induced neuropathy is rarely mentioned, there is no discussion of recurrent facial palsy, no advice on when to use plasma exchange in the Miller-Fisher syndrome. Botulinum toxin was omitted. These are admittedly quibbles. No self-respecting neuroscience department can function without the two volumes. We may note JZ Young’s comments: “Reading about amyotrophic lateral sclerosis in the 94 chapters of the new Peripheral Neuropathy has made me sad that I did not continue to work with peripheral nerves. They are a marvellous material for experiment and they allow the truly exact scientific and medical discoveries that are recounted in this book.”

EMR CRITCHLEY


This scholarly book, founded on Rogers, work at Friern Barnet with Dr Richard Hunter, is an outstanding historical essay rather than a practical treatment guide. It complements rather than replaces the now classic book by Lohr and Wininski (Movement Disorders: a neuropsychiatric approach: John Wiley & Sons 1987) which is a longer, bedside-orientated guide to the fascinating and complex world of tics, limbic syndromes, stereotypes and the like, encountered in the borderland between neurology and psychiatry.

Rogers’ achievement in this book is to combine the brain-based scientific and the psychological non-scientific approach. He starts from the viewpoint of the old classic psychiatric textbooks, moves through the era of encephalitis lethargica, and ends with the review of recent studies by both psychiatrists and neurologists. This synthesis is outstanding, especially when it is as clearly written as here.

Of course there are problems. The neuropsychiatric malignant syndrome gets scant mention and there is little or no discussion of practical treatment. There is no mention of cataplexy, myoclonus, or punding. Rogers appears to favour the idea that catasia and parkinsonism represent different degrees of the same motor disorder. There is no mention of the possible use of clozapine and related drugs in the management of psychiatric problems with levodopa. These are minor omissions. The book contains a valuable appendix of selected rating scales for motor disorder used in psychiatry. There is an intriguing description of both misogeen (the “angle-poise lamp” arm, raising in response to pressure); and hypermetamorphosis, (randomly approaching various objects including, for example, a waste basket, rummaging in it, extracting an apple core and eating it). There are useful sections on posture, tone, abnormal eye movements and blinking as well as on disordered speech production, with 20 pages of references. A few illustrations are included, mostly from the encephalitis lethargica era, and there is a (just) adequate index which includes the condition of schnautzcramp, a term used by Bleuler to describe dystonic pursing of the lips accompanying melancho-lic phases and disappearing during manic phases in schizophrenia. Rogers concludes by saying there is not a “psychiatric brain” and a “neurological brain”. This scholarly essay is a milestone in our understanding of psychiatric disorder and cerebral function as applied to motor disorder. A good read, well worth the money.

JD PARKES


This is a multi-author text which begins with a discussion of the concept of the limbic system and ends with a philosophical treatise on the brain and consciousness. The early chapters deal with essays on the anatomy, physiology and pharmacology of the hippocampus. Clinical essays relate the temporal lobes to epilepsy, psychosis and affective disorders. The contribution of new imaging techniques and quantitative neuropathology are highlighted and they are interesting discussions of the relationship of memory disorders and the “epileptic personality” or Ganser-Geschwind syndrome. The clinical syndromes arising from cerebral vascular disease and tumours in the limbic system are described and a brief section is concerned with the aetiology of medical temporal sclerosis. The contributions arising from Europe and the USA are informative and economically presented and represent another success in building bridges between the Neurosciences Neurology and Psychiatry.

D NEARY

**NOTICE**

The International Society for Pediatric Neurosurgery. The annual meeting will be held in Birmingham on 25-28 September 1994. Further details from Anthony D Hockley, Neurosurgery Department, Queen Elizabeth Hospital, Birmingham B15 2TH, UK or The Secretariat (Miss Moira Wilson), Universal Conference Consultants, China Court Business Centre, Lawwell Walk, Birmingham B5 4RX, West Midlands, UK.