Companion to Psychiatric Studies/Fifth Edition. Edited by RE KENDELL and AK ZEALLEY. (Pp 955 Illustrated; Price: £69.50 H/bk). 1993. Edinburgh, Churchill Livingstone. ISBN 0-443-04668-9.

This text, the Scottish psychiatric bible, is now into its fifth edition since it was first published in 1973. The production of a new edition every five years or so attests to its popularity.

It espouses a comprehensiveness which is not aimed for by other post-graduate textbooks. There are chapters on social sciences and on psychology in relation to psychiatry. Functional neuroanatomy, neuropharmacology, neuroendocrinology and neurochemistry are covered. Once we reach psychiatry itself the coverage is again comprehensive with chapters on child psychiatry, adolescent psychiatry, mental retardation, old age psychiatry and forensic psychiatry. The various treatment approaches are also all given their own chapters. The book contains forty two chapters written by forty contributors and could bear the title "All you need to know about.....".

It is up to date, and makes use of ICD 10 and DSM 111R classifications. It has been well edited and there is remarkably little repetition considering the wide cover and the number of contributors. Despite its length, it is easy to handle, legible and for the most part, easy to read. Any student who has devoured the Companion and can regurgitate most of its information will sail through the membership examination of the Royal College of Psychiatrists.

Its flaw, to my mind, stems from the attempt to be so comprehensive. Some of the chapters and parts of chapters on the sciences basic to psychiatry are very condensed and one gets the feel of a hectic whistlestop tour of a topic which might detract from a broad understanding. Something of the "it's Tuesday, it must be Brussels" syndrome. On the other hand it also contains some outstanding sections. The chapter on old age psychiatry conveyed the author's enthusiasm and an understanding of the skills needed for that discipline, over and above those deployed by general adult psychiatrists. Dependency on alcohol and drugs and child psychiatry are also discussed with impressive clarity.

I enjoyed reading this book but, I felt that the search for comprehensiveness detracted a little from its overall value. Having everything between two covers is however very attractive to examination takers and I have no doubt that it will continue, quite rightly, to be a popular text with a sixth edition needed before the millennium arrives.

CM TONKS

Sleep and breathing. 2nd Edition Revised and Expanded (Lung Biology in Health and Disease Series/71). Edited by NA SAUNDERS and CE SULLIVAN (Pp 959 Illustrated; Price: \$195.00 H/bk) 1993 New York, Marcel Dekker Inc. ISBN 0 8247 8877 X

Henri Gastaut recognised the sleep apnoea syndrome in a laboratory in Marseilles in 1966. Since then there has been an ever increasing interest in sleep, breathing and oxygenation in a wide variety of illness and obstructive apnoea has been recognised as

amongst the commonest of disorders in adult males. Highly effective treatment has been developed over the last 10 years, spearheaded by the editors of this book. The impact of one major symptom of sleep apnoea—daytime sleepiness—after many years of neglect is being taken seriously.

This book is mainly about sleep apnoea and snoring. There are 57 contributors, 33 from North America and 12 from Australia with a single but outstanding contribution from the UK, from Neil Douglas in Edinburgh. The book is divided into 3 main sections, on the biology of sleeping and breathing, on sleep apnoea, and on other respiratory problems during sleep. The overall coverage is authoritative with a physiological bias. The language is one of mechanics, pressures, reflexes, chemoreceptors, neuronal pools and haemodynamic sequelae. The factual presentation is broad, ranging from the high prevalence of sleep apnoea amongst Polynesians and South Pacific islanders, to the necessity for continuous positive airway pressure (CPAP) titration following the usual consumption of alcohol—otherwise the pressure required will be under-estimated. There is an excellent and critical review of the pharmacological treatment of sleep apnoea. However central to the book is the development of nasal CPAP and the extension of nasal ventilation to many of the respiratory problems of neuromuscular disease and scoliosis.

Relationships between apnoea, snoring, systemic hypertension, dementia, sudden cot death and atherosclerosis are highlighted—can the mechanical stimulus of snoring ever dislodge a thrombus from an arterial wall and be responsible for a stroke? The obvious question as to whether treatment for sleep apnoea can ameliorate dementia or slow its progression remains unanswered but the involvement of the frontal lobe in apnoea mechanisms is reviewed in depth.

How valuable is this book to neurologists and psychiatrists? Many of the chapters, particularly that of the combined physiotherapist-physician team of Piper and Sullivan, on respiratory problems in neuromuscular disease, concern mainstream topics including dementia, stroke, alertness and behaviour. The coverage of myasthenia and respiratory problems in the Guillain-Barré syndrome are somewhat sketchy. There is little practical guide to some of the difficult issues of the use of CPAP techniques in neuropsychiatric illness, for example in patients with sleep apnoea who also have schizophrenia, learning difficulty or behavioural problems.

The book is well produced, well edited and has excellent illustrations with not too many lists of sleep variables. The chapter standard is uniformly high but a somewhat curious feature is a 70 page index to every reference in the book listing page numbers of even 7th authors. There is some occasional topic overlap but this is probably unavoidable in a multi-authored work as big as this. The book is essential reading for all members of a modern respiratory unit. I hope the authors are already working on the third edition.

DAVID PARKES

The Management of Alzheimer's Disease. Edited by GORDON K WILCOCK. (Pp 220 Illustrated; Price: £38.00). 1993.

Stroud, Wrightson Biomedical Publishing Ltd. ISBN 1-871816-20-3.

Someone arriving on earth from Mars and seeing the explosion of publications on Alzheimer's disease could be forgiven for thinking that this represented a linear advance in all aspects of the disorder. Whilst staggering advances have been made in the molecular mechanisms of Alzheimer's disease (the editor of this book has played a large part in this) other aspects of Alzheimer's disease have not attracted the same attention. This book addresses some of these areas and is devoted to the management of the disorder, although only one of the five sections is exclusively concerned with this.

The usual subjects are dealt with by the usual skilled authors but it is refreshing to see some new names writing about established subjects. The influence of the pharmaceutical industry is clearly reflected by the interesting contributions on drug trials and clinical research and some original data on Velnacrine creeps into the penultimate chapter. Nuggets include a contribution from Harry Cayton, Director of the Alzheimer's Disease Society and the political context of Alzheimer's disease by Thomas Delaney. Future research is in safe hands with an overview by Gordon Wilcock. All in all, the jigsaw is pieced together under five sections—the scale of the problem, assessment and diagnosis, management, the social impact of Alzheimer's disease and current research and prospects for new treatment strategies. Wrightson Biomedical Publishing have done their usual excellent job. This text contributes significantly to the swelling ranks of books on the subject.

ALISTAIR BURNS

Surgery of the Cranial Nerves of the Posterior Fossa. (Neurosurgical Topics Series/13). Edited by DL BARROW. Pp 322 Illustrated; Price: \$80—AANS members, \$90—non-members, \$70—AANS residents. 1993, Park Ridge, Illinois, The American Association of Neurological Surgeons. ISBN 1-879284-02-2.

This volume is one of six in the Neurosurgical Topics series planned for publication by the AANS during 1993. There are also 12 previous issues in the series. The sixteen contributors to the present book are well established authorities in the field of posterior fossa cranial nerve surgery.

The first chapter, amounting to one third of the book, is a detailed review of the microsurgical anatomy of the brainstem, cerebellum and posterior fossa vessels and nerves, by Dr A Rhoton. The quality of description and illustration here is exemplary, and the text includes several pieces of valuable technical advice on operative procedure, such as the need when dissecting the cochlear nerves to sweep the microdissector from medial to lateral only, so as to avoid traction on distal cochlear fibres. There are valuable reviews by Möller, Wilkins and Adams respectively, of physiological, microvascular and non-microvascular concepts of the cranial nerve dysfunction syndromes. Three chapters are devoted to posterior cranial nerve tumours, and seven to cranial nerve dysfunction syndromes in general, and in particular nerves.

There are also practical and concise chapters on operative positioning and peri-operative management, and on cranial nerve function monitoring.

The scope of the book is therefore very wide, but—no criticism intended—those seeking information on vascular lesions or intra-axial tumours should look elsewhere. The text is invariably practical and authoritative, and the illustrations uniformly good. I could not fault the index.

This book is probably a must for departmental libraries, and will be welcomed by all neurosurgeons undertaking surgery in the posterior fossa, and perhaps particularly by those preparing to sit specialty Fellowship.

AJ STRONG

Cerebral Small Artery Disease. (Advances in Neurology, Vol 62). Edited by PM PULLICINO, LR CAPLAN and M HOMMEL (Pp 241, Illustrated; Price: \$123.50). 1993 New York, Raven Press. ISBN 0-7817-0051-5 (Order Code 2591)

In the Middle Ages a favoured topic for debate among theologians concerned how many angels could rest on the point of a needle; latter-day neurologists debate with equal vigour (but no more success) the doctrine of the lacune. These perplexing holes were first well described by French pathologists as small cavities within the substance of the brain and thought by most to be ischaemic in origin. Other pathological conditions resembling but distinct from lacunes were recognised and the term came to be used to describe small circumscribed deep-seated infarcts. Early attempts to correlate individual lacunes with clinical symptoms and signs were hampered by the fact that there was no way of locating with certainty the site of lesion during life and when the patient eventually came to autopsy the lacunes were usually multiple. Pierre Marie however recognised the clinical correlate of longstanding *état lacunaire* as a pseudobulbar palsy, spastic quadriplegia and dementia.

In the 1960s Fisher using a classical clinico-pathological approach defined a group of clinical syndromes (pure motor stroke, ataxic hemiparesis, dysarthria-clumsy hand syndrome) caused by small deep infarcts in specific locations. It soon became clear that the same syndrome could result from a lacune in a number of different sites, that a clinical lacunar syndrome did not always signify a small deep-seated lesion and that pathological lacunes could be found in the absence of any symptoms.

In recent years modern imaging has opened up the possibility of clinico-pathological correlation during life. However radiological changes may be deceptive—not all regions of signal change are infarcts, the lesions are often multiple and the size of the lesion on imaging (an important diagnostic criterion) may differ greatly from its pathological size.

We end up with three definitions of lacunes—pathologists mean a small deep infarct in certain sites, clinicians mean one of a number of neurological syndromes and radiologists mean a region of signal

change of a specified size and location. The possibilities for argument and misunderstanding are endless.

As if this were not enough, the disagreement about the nature of a lacune has developed into a further argument about its cause. Modern views on this have again been much influenced by Fisher who regarded a lacune as a small deep infarct exclusively in the territory of a penetrating artery. In most cases the penetrating artery is occluded by lipohyalinosis, a consequence of chronic hypertension, but in a few occlusion results from atheroma or embolism. Furthermore the artery is not always completely blocked and it now appears that small deeply placed infarcts in distal field territories can be caused by haemodynamic events such as systemic hypotension in patients with occlusions of large extracranial arteries.

This well-produced book deals extensively with these controversies and leaves the reader (like FE Smith's judge) possibly none the wiser but certainly better informed. There are excellent reviews of cerebrovascular anatomy, microvascular territories, arterial pathology, radiology and clinical syndromes and much speculation on pathogenesis, notably a well-balanced and informative chapter from Dr Pullicino, one of the editors. The illustrations are also unusually good and the chapters are fully referenced. All in all this is a book to be recommended to all those interested in cerebral vascular disease and one which shines some welcome light into dark places and small holes.

R ROSS RUSSELL

The Biology of the Autistic Syndromes/2nd Edition. By C GILLBERG and M COLEMAN. (Pp 317, Illustrated; Price \$37.50). 1992 Cambridge University Press. ISBN 0-521-43228-6.

This is a remarkable book. No one who deals with autism will ever be the same after reading this book which is a fresh edition of the original title by Coleman and Gillberg published by Praeger New York in 1985. In scope and detail it is as rich as an old-fashioned Christmas cake, not to mention the hidden charms which may cause injury if not noticed. In so far as the book is aimed not only at psychiatrists and neurologists but also at psychologists special educators and even parents of children with autism, it is inevitable that which components are indigestible will vary from one readership group to another.

Originally there was Kanner's infantile autism but that has not been a helpful concept nor has the idea of "pervasive developmental disorder": autism is a specific neurological symptom complex not nearly as pervasive as in less politically correct times was called mental deficiency or mental retardation. Having teased that out the authors review the clinical, epidemiological, genetic, biochemical, endocrine, immunological, electrophysiological, brain imaging, neuropathological and neuropsychological literature with extensive references.

I have concerns that child psychiatrists

who read this book may do the recommended neurological examination and the recommended investigations without the intermediary of a paediatric neurologist, a difficulty being that the authors are not neurologists themselves. My substitution for the second part of table 25.1 (neuropsychiatric assessment check list for autism) would be first to get a first quality paediatric neurologist to conduct the examination (for example one doesn't just look for Lisch nodules as confirmation of type I Neurofibromatosis—one arranges for a slit-lamp by the ophthalmologist). You may investigate using the philosophy of testing outlined in Handbook of Neurological Investigations in Children. This table ends with a novel inverted definition of the milk-maid sign.

There are lucky charms in this book as for example in the section on epilepsy. There one finds for example a fine reference to "autisme convulsi?" to emphasise that not only do epilepsy and autism go together but that autism might be a symptom of the epileptic process, the manifestation of one type of minor epileptic status. This is an autism treatable by anti-epileptic medication. There is uncontrolled evidence that vigabatrin when it abolishes infantile spasms may reduce subsequent autism liability.

J B P STEPHENSON

SHORT NOTICES

Electrical and Magnetic Stimulation of the Brain and Spinal Cord (Advances in Neurology, Vol. 63). Edited by O DEVINSKY, A BERIC AND MICHAEL DOGALI. (Pp 323; Price: \$139.00) 1993. New York, Raven Press. ISBN 0-7817-0066-3.

Anatomic Localization for Needle Electromyography. By STEVE R REIRINGER. (Pp 154 Illustrated; Price: \$28.95) 1994. Philadelphia, Hanley & Belfus Inc. ISBN 1-56053-068-5.

CORRECTION

Currier RD, Haerer AF, Meydrech, EF. Low dose oral methotrexate treatment of multiple sclerosis: a pilot study. *J Neurol Neurosurg Psychiatry* 1993;56:1217-18. The final sentence on p.1217 should read "An exacerbation was defined as a focal neurological worsening lasting at least two weeks followed by incomplete or complete recovery and so judged by an experienced neurologist."