

a non-psychologist. Psychosocial aspects of dementia are particularly well reviewed, not surprisingly in view of the second author's extensive research experience in the field. Reassuringly, non-cognitive features of dementia (of particular interest to psychiatrists and carers) are given some space which is in marked contrast to the small print usually afforded to these features by many other authors. This underscores the breadth of knowledge enjoyed by the editors. At £30, this is not a text for the dabbler, but it would not claim to be such. The authors avoid the trap of extending into areas other than their own, although an overview in the first chapter is presented.

The authors are to be congratulated at compressing their collected knowledge into such a readable and understandable text. It presents the view from one of the many disciplines involved in dementia and I suspect that the medical profession could do well from dipping into its pages, assuming that, even for a short time, we were happy to be included as "other health care professionals."

ALISTAIR BURNS

**Cerebrovascular Occlusive Disease and Brain Ischemia (Series: Neurosurgical Topics /10).** Edited by ISSAM A AWAD, AANS Publications Committee. 1992. (Pp 308 Illustrated; Price: \$80 for AANS members, \$90 for non-members, \$70 for AANS residents). Park Ridge, Illinois. The American Association of Neurological Surgeons. ISBN 1-8792840-1-4.

Stroke is a vast topic which, while remaining a challenge to the practising clinician is even more so to an Editor producing a book attempting to give an insight into the current knowledge on cerebro-vascular disease. However, Awad has drawn on a number of experts and has provided a high quality book, well written with a useful and practical body of knowledge. I found each chapter to be well written and the organisation of the book is such that it is set out in a logical and well constructed order.

Many aspects of cerebro-vascular occlusive disease are considered such as the natural history, diagnostic evaluation, risk factors, medical therapies and indications for surgery. I found the chapters on Medical Management, Indications for Surgery and Carotid Endarterectomy to be particularly well laid out and the editorial commentary on a number of the chapters to be instructive. The chapter on haemorrhology of cerebral blood flow and ischaemia seemed too long, it could have been successfully shortened while containing all the relevant information.

I found this to be an excellent publication, well written by authorities in their respective areas of expertise. Each of the chapters is followed by an extensive bibliography which allows the interested reader to gain additional information. This readable monograph would be extremely useful to the practising Neurosurgeon, Neurosurgical trainee and Physicians requiring practical and clear information about the complex and vast subject of cerebro-vascular occlusive disease.

G NEIL-DWYER

**The Management of Head Injuries. (Series: Oxford Handbooks in Emergency Medicine).** By DAVID G CURRIE.

1993. (Pp 192 Illustrated; Price: £14.95). Oxford University Press, Oxford. ISBN 0-19-262052-5.

This is an excellent account of the management of head injuries written as a guide for junior doctors in accident/emergency, orthopaedic or general surgery. As the preface points out it is they who manage 90% of head injuries admitted in the UK as well as four or five times this number who come to accident departments and are sent home. It is, however, more than a set of practical principles because it describes some of the basic pathophysiology in clear terms. There is a section on operative surgery, aimed at the amateur. The text is broken up by line diagrams, some skull x-rays and CT scans, and boxed summaries of essential points. There are a few references after each chapter, rather more of which are to American sources than they need have been. As head injuries are increasingly recognised as an important problem there is no shortage of books on the subject. This one certainly fulfils its stated aim and is to be recommended.

BRYAN JENNETT

**Sleep Disorders Medicine: Basic Science, Technical Considerations, and Clinical Aspects.** Edited by SUDHANSU CHOKROVERTY. 1994. (Pp 504; Price: £95.00). Butterworth-Heinemann, Oxford. ISBN 0-7506-9002-X.

This is a most excellent book. The editor presents the best of the North American approach to basic sleep research, the measurement of sleepiness and wakefulness, and the approach to a patient with sleep complaints. Two thirds of the chapters are about clinical aspects and 39 authors contribute. This is not a conference proceedings volume. The chapters are succinct, sharply focused, wide-ranging and with excellent figures and bibliography. Some are virtuoso. These include that by Robert McCaley on the neurophysiology of sleep, and the basic mechanisms of the control of wakefulness; Sharon Keenan on how to do a polysomnogram; and Roger Broughton on the parasomnias. All are good. The very latest neuroscience is included with phase response curves for melatonin, immediate early gene expression in the suprachiasmatic nucleus and prostaglandin systems in the medial forebrain as well as excellent descriptions of the multiple sleep latency test, ambulatory cassette polysomnography, and human, rather than automated, scoring of the EEG.

I liked the clinical section very much and learnt a lot from it. As stressed in the foreword, the approach is multi-disciplinary and does not succumb to the temptation of looking at sleep medicine as a primary specialty. In a book as comprehensive as this there must be a few faults. Not all in Europe would agree that the MSLT is essential for documenting pathologic sleepiness and for the diagnosis of narcolepsy, or that neuro-imaging is essential when a neurologic illness is suspected of causing a sleep disturbance. Rheumatoid arthritis is DR4, not DR2-associated. Twenty six possible treatments are listed for the restless leg syndrome, surely an indicator that none are much good. But these are minor quibbles. Let us hope the Clinton Administration will be ready to provide the level of service

needed by the estimated 40 million Americans suffering from chronic disorders of sleep and wakefulness. This book will ensure the finest education for the physician, the highest standard for the technician, and the optimum care for the patient. It is expensive but very highly recommended.

DAVID PARKES

**Pocket Handbook of Emergency Psychiatric Medicine.** By H I KAPLAN and B J SADOCK. 1993. (Pp 446; Price: £24.00). Williams and Wilkins, London. ISBN 0-683-04539-3.

This is heavy in the hand. To my surprise it fitted my pocket but I would not want it there long. It is intended for all 'emergency room' staff and it deserves a place with other key texts in all A&E Departments. Unfortunately it is written for American readers. Thus the most colourful part of it, colour reproductions of commonly prescribed psychotropic drugs, is largely irrelevant. The section on legal issues could mislead British readers since, for example, it is not the case in the UK that patients can only be compulsorily hospitalised "when they are a danger to themselves or others".

This book has some good features. Clinical topics are organised in alphabetical order from 'Abuse' to 'Wernicke's encephalopathy', 145 in all. The approach to the topics is thorough and systematic; 'Introduction', 'Interviewing' and 'Psychotherapeutic Guidelines', 'Evaluation and Management', 'Drug Treatment' and then useful cross references to other topics. There are numerous tables of diagnostic criteria based on the American DSM-III-R and although British psychiatrists are moving from ICD-9 to ICD-10, the approaches are similar. The systematic approach has the drawback of being over-inclusive in places. It surely goes without saying that if a bottle or light bulb, inserted in the anus, cannot be expelled "emergency evacuation is required". I doubt if many casualty staff or psychiatrists try to achieve psychodynamic understanding first. The systematic inclusion of a section on 'Drug Treatment' for almost all problems gives a mistaken impression of almost routine use of drugs in emergency psychiatric practice. However, these are minor criticisms of a very useful book.

KEITH RIX

**Baillière's Clinical Neurology: International Practice and Research: Visual Perceptual Defects.** Guest Editor: C KENNARD. (Pp 497; Price: £27.50). 1993. Harcourt Brace and Co. Ltd, Sidcup. ISBN 0-7020-7.

Only 30 years ago the audience at a meeting on cerebral blood-flow was astonished to learn that visual stimuli produced changes in regional perfusion in areas far removed from the occipital lobe. Since then the advances in the understanding of visual processing and of functional specificity in the brain have been so spectacular that the idea of the striate cortex is alone responsible for the detection and synthesis of visual information seems absurdly naive. This understanding has come about from an unusual blend of morphology, physiology, biophysics, histochemistry, psychology and (last but not least) clinical studies on brain-damaged patients and is admirably brought together in this book.