
The book claims to take a "neuro-medical" approach to the problems of sexual dysfunction which is an important distinction from other texts available which have mostly been written by urologists with titles like "Impotence," says Dr. S. "In the authors' words, this book incorporates an account with an account of the sexual response cycle in the two genders and there are nine pages about this in women and seven pages in men. This sets the tone for the book which gives due attention to the female perspective throughout. It is a multi-author book written by 31 North American authors and there is a strong neurocognitive content.

Several chapters are particularly illuminating. For example, the introduction of intracorporal injections for the treatment of erectile difficulties has lessened the need for nocturnal penile tumescence studies but the type of continuing referrals to the laboratory are "complex cases, legal, physicians, foreign dignitaries and celebrities." It is interesting to read how this means of research becomes drab until it has certainly contributed greatly to research.

Throughout the book an utterly professional tone is adopted but a glimmer of humour breaks through when discussing the possibly less impressive matter of premature ejaculation. The authors postulate it is due to "a tendency to ejaculate at lower levels of sexual arousal. One possible mechanism is a lower rate of sexual intercourse as compared to control subjects, a notion with obvious therapeutic implications".

There is very sensible advice on the problem of impotence in men urging clinicians to recognise the various underlying possible organic causes rather than diagnose psychogenic disorders. Inevitably the equivalent chapter about women veers towards examining female sexuality and the feminist scholar's view of the body image issue, but this is not the fault of the author, rather the dearth of knowledge about medical disorders that effect the female sexual responses. There is a balanced view of when neuro-physiological abnormalities are culpable--a subject which has been given extensive coverage by scribbings in urological journals.

In general this is a very complete account of the problem written from a neurological point of view and therefore of considerable interest to readers of this journal who wish to know more about the subject.

CLAIRE FOWLER


In a series of books designed to help "physicians who grapple with the problem of neurological disease on a daily basis," it is probably appropriate that movement disorders should have so far taken up three of the four tomes of the fountaineers of the Fourth International Medical Review series. The treatment of Parkinson's disease forms a substantial part of the average working neurologist's clinic time, whilst rather fewer movement disorders like paroxysmal kinesigenic choreoathetosis and dentato-rubro-pallidolysidial atrophy await lurking to tease our diagnostic skills. Hyperekplexia starlets us with their rarity in the ordinary clinical scene but anthropologically erudite neurologists will recognize Latah, Myokymia, Yawn, bah-tseche, mali-mali, imu, and ragan' Cajuns not to mention the jumping fishermen of Mozambique and Labokins. Similarly though hemifacial spasm is commonplace in neurological practice, we do not often recognise such entities as 'Belly dancer's Dyskinesia', which despite its name, is not the movement of such a representative of gymnastics. Movement Disorders 3 contains all these wonders and more.

The spine of my copy of Movement Disorders 1 is bleached green from the sun watched out for rigid patients with those of its still blue younger sibling demonstrating how movement disorders have advanced in the last 12 years. Transplantation of neural tissue for the treatment of human Parkinson's disease was still a dream in 1982 whilst this occupies two chapters in the 1994 volume. Similarly PET imaging of dopamine uptake was yet to be described in Movement Disorders 1. But a put to press, whilst in volume 3 mention of this technique is scattered all over, not just in the chapter devoted to functional imaging of movement disorders. Trinucleotide repeats and Huntington's disease now not just among theimen of the 1980's but now even Ana Harding's excellent chapter on the genetics of movement disorders is out of date in mentioning only three diseases other than Huntington's in which, in editions of such a recent appearance it seems likely to be the genetic pathology. Similarly over the last decade much discussion has occurred about the nosology of non-Parkinson's disease. Although clinicians care for the rigid patient with postural hypotension or eye movement paralysis, these were considered to be pretty rare stamps whilst now we know that many patients with far more than 'Rigidity and Stiffness' have a non Lewy body disease unresponsive to L-dopa. Alien hands are now recognised as a manifestation of cortico-spinal degeneration, which gets a whole chapter in this book, being as it is the child of the eighties (albeit nearly stillborn in the late sixties) All these problems are well covered in this book, the largest share of which is devoted to Parkinson's own disease (although, as Niall Quinn points out, even some of James' cases were probably non-Parkinsonian). The detailed anatomy of the basal ganglia is here for those that like to exercise their hippocampus with circuit diagrams, as well as concise reviews of experimental models of Parkinson's disease and a good chapter on eye movements in basal ganglia disease. The second half of the book is a cornucopia of stereotypes of stiff people, startle syndromes and many other dyskinesias with a helpful introduction by the editors to these tricky disorders.

This latest Movement Disorders volume is to be recommended to clinicians who want to keep ahead with the management of and the latest science about one of the commonest treatable diseases seen in neurologists' practices as well as of some of the most extraordinary.

CHRIS ALLEN

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