
Neurology is quite likely to suffer as a result of the rigid Caimanised training schedules about to descend on the British hospital ser-
vice. It will be difficult, if not impossible, for neurologists in training to experience, at reg-
istrar grade, decision making responsibility for the general medical patients. This will be to
the detriment of their rounded training since an important part of many consultant neu-
rologists work entails expertise at the bor-
derzone of neurology and general medicine. Furthermore patients with nice neurological
diseases have a habit of being ill in a general medical way as well (what is the commonest
cause of hypoxia in a patient with Guillain-
Barré syndrome?). Even though the concept of
general physicians with an interest in neu-
rology is justifiably dead, excepting a few
dying embers of enthusiasm in our Royal
College, confidence in the management of
the common general medical illnesses will
remain an important component of a neuro-
logist’s competence. The neurology in gen-
eral medical (and surgical) patients is the
other side of this coin and here the neurolo-
gist has to be able to help his colleagues in
other specialities when their patients’ ner-
vous system needs attention (or even proper
examination).

I read this second edition of Aminoff’s already popular book for a while to
answer various questions asked by my
physician colleagues. Thus I found the sec-
tions on “Complications of Cerebral Critical III” a great help when the ITU
team asked me to talk about a patient with
multiple-tube syndrome whose limbs were
wasting. However, my patient with Anti-Hu
syndrome needed to work outside this
book since he was referred, by a general
physician, not with a subacute sensory neu-
ronopathy but with a motor neuropathy,
not described here, but actually well
recorded in patients with Anti-Hu and Small cell carcinoma (which we then had to twist
the radiologist’s arm to find). However,
examining physicians of the prognosis of their patients after cardiac arrest has a dodger
after chapter 9. A colleague with a patient
whose hypertrophic presented with a
hemiparesis could be supplied with a refer-
ence from chapter 12 (and this is how we
intelligently to our chest physician (an
expert in the breathing problems in neuro-
logical patients) after reading “Breathing
and the Nervous System”. I would have
found the chapter on “Neurological
Complications of Thermal and Electrical
Burns” useful several years ago when a stu-
dent developed a moderately severe delayed
spinal cord syndrome after shocks from a
railway’s electrified overhead cable. The
changing face of neurology is demonstrated in the extensive review of infectious diseases
(nine chapters in all) where dear old neuro-radiologists are given a share half a chapter
with its spirochaetal relative Lyme disease
but where regrettably leptospirosis is not
considered common enough in the USA to be
included. On the other hand, of course, the
modern neurological mini-crisis HIV gets a
chapter to its self, as does its cousin HTLV-
1. As one would expect from a book based
in North America, chapter 31 on the neu-
rology of drug abuse is thorough enough
for me to answer the neurosurgical senior registrar’s question about cocaine abuse and
subarachnoid haemorrhage.

In short, because there are too many jew-
els of knowledge here to list completely,
“Aminoff”, already a staple help-mate for
neurological registrars (sorry, Unified Training Grade-ars), is bigger and better than before. It should be on the shelves of
all medical libraries in the world whilst UK
consultants, especially those recently
appointed to posts involving a substantial
general hospital interface, should dip into
their pockets and buy their Volvo (albeit at 999 pages it is too bulky for the glove compartment).

CHRIS ALLEN


Research into the neurobiology of schizo-
phrenia is in the ascendancy. There is now a
wealth of evidence that this “functional”
psychosis has a substantial biological com-
ponent which is increasingly susceptible to
elucidation by neurobiological approaches.

The main aims of this book are to bring the
reader up to date with progress in the field
and to link research findings with implica-
tions for clinical practice. In the main it is
successful in this, although at this stage
the emphasis is much more on the research
itself than its applications.

The heart of the book is the section which
reviews progress in brain imaging, psychopharmacology, and neuropathology.

Brain imaging, in particular, is making rapid
strides. The major findings from MRI and
PET/SPECT scans are summarised, and a
view of future possibilities is discussed
throughout functional MRI and MRS. The psy-
chopharmacology chapters focus on aspects
of dopamine system activity and the
renewed interest in serotonin; implications
for clinical practice are considered via the
development of atypical neuroleptics. One
chapter is devoted to bringing together the
findings from brain imaging, psychopharma-
cology and neuropathology. Unfortunately it
re-covers the ground from the separate
chapters on these topics as much as it attempts to integrate them, but the impor-
tant message is that findings in each field are
now solid and comparable enough for each
to benefit from discoveries in the others.

Amidst all this talk of integration the chapter
on genetics stands somewhat out on a limb
at present, a powerful neighbour hunting
for susceptibility loci in order to achieve its
potential. A theme which recurs in a number of chapters is the value of judicious focusing on
symptom groups within schizophrenia and the study of vulnerability markers for the
disease. The positive/negative dichotomy
continues to dominate the subclassification of schizophrenia. In particular, certain abnormal
behaviours are predominantly associated with
negative symptoms—for example, hypofrontality in studies of functional brain
imaging. This approach is taken a step fur-
ther when positive, negative and disorganisa-
tion symptom dimensions are considered. A
lucid account is given of the relationship
between these and neuropsychological and
functional imaging findings. Vulnerability
markers are reviewed in a number of areas of
neurophysiology and attention processing, and prospects for using these in animal models
of psychosis are considered. The final
section investigates the relevance of neuro-
biological findings in schizophrenia for
childhood-onset psychoses.

Overall this book provides a competent
review of the current state of neurobiological research in schizophrenia and would be
a useful addition to library shelves.

ALASTAIR CARDNO

SHORT NOTICES

Readers may be interested in:

