pregnancy and epilepsy and psychosocial aspects (the latter perhaps rather too superfi-
cial with only three aethorships: "psychiatric disorders in the family with epilepsy should be
treated in the usual manner"); "there may be many reasons for neuropsychological impairment
in patients with epilepsy", "people with epilepsy require a comprehensive approach (of life)"). The first section is a forlorn plug for the importance of research. Roger Porter is now vice
president of Wyeth-Ayerst, a pharmaceutical com-
pany, and still provides a very balanced view of therapy. Bill Theodore is Chief of the
Epilepsy Section of NINDS and despite this elevated position provides down-to-earth
basic advice—both must be congratulated on achieving a well-focused perspec-
tive. The information is uniformly simple
and accurate, and is indeed very little written with which one can quibble. The
book has occasional weaknesses, for instance the discussion of risk of congenital malformed-
ations, the relevance of an illustration of a PET
scan showing the functional localisation
of unfamiliar melodies (at least to this non-functional reviewer), and the no-longer-up-
date-date list of ILAE and IBE chapters
in the appendix. Who needs this book? I sup-
pose the answer is who doesn't, for there is useful advice and wise counsel on most pages. It
refers to neurologists, neurosurgeons and primary care physicians, and the authors conclude "should this book make a contribution to the care of patients with epilepsy, we will be most pleased".

SIMON SHORVON

Aids and Neurology. By Michael J G HARRISON and JUSTIN C MCArTHUR. (Pp 262; £70.00.) Published by Churchill

What was this odd disorder being described in San Francisco gays, we used to wonder as
neurological registrars in the London of the early 1980s. What was the cause of this syn-
дроме of acquired cell mediated immunity, was it the habit of sniffing amyl or the other strange habits of the denizens of the
city known in our youth as the home of hip-
pies and other exotic alternative lifestyles?
Before long we were being asked to see a homosexual patient admitted with what turned out to be cerebral toxoplasmosis and our education in AIDS related neurology had begun. Later came the hysteria in the tabloid press epitomised by the Sun's infa-
mous front page "10 symptoms of AIDS" (which included headache) allowing the birth of a second disorder familiar to those of us then working in inner-city neurology, "Fear of AIDS" adding a new dimension to the management of tension headaches in young males. By this time we had been replete with medieval archetypes of sin and imported foreign pestilence, a grim
backdrop to the entrepreneurial selfishness of Thatcher's new Britain. It was just as well for neurologists in the outlying neurological mimic, could now be replaced with a brand new multi-organ, multi-stage infectious disease whose manifestations in the nervous system were, it became clear, protean. Suddenly a whole lot of new multi-
ple choice questions could be generated for postgraduate exams.

Michael Harrison of the Middlesex Institution and Justin McArthur of Johns Hopkins have now produced this invaluable monograph on the neurology of AIDS. They review the epidemiology and virology of the "neuropathic, neuroinvasive, neuroviral" HIV whose infection pre-

resents with a neurological syndrome in 10–30% of cases. All the neurological faces of AIDS including sero-conversion disorders and the difficulties of neuropsychology of pre-AIDS HIV-positive patients are covered in a thorough, helpful and practical way. We learn of the different profile of opportunistic infections seen in children with HIV and the sequence of progressive encephalopathy in these chil-
dren. In the chapter on peripheral nerve dis-
order in AIDS there is a nice discussion of

the differential diagnosis of neuropathic symptoms and their treatment. Perhaps new to some neurologists in this chapter is the point that Bell's palsy should trigger HIV testing in an "at risk" patient, which still
means gays and drug-abusers in the "pattern 1" countries of the west (and South America). Opportunistic infections by fungi, viruses, bacteria and parasites in these patients are of course thoroughly covered. In this section the intelligence that pigeon droppings are a main source of cryptococcus has put Trafalgar square into a different per-
spective.

Rounding off the book are chapters reviewing the common neurological symp-
toms in HIV infection (more helpful than the Sun's earlier review) and the role of vari-
ous neurological investigations, in which the difficulties of radiological differential diagnos-
isis in AIDS patients are detailed. Throughout this book is beautifully illustrated with well placed colour pathologi-
cal photographs of the conditions discussed, excellent up-to-date scan images and clear line diagrams. The text is liberally broken up by helpful tables and management flow
diagrams. These high standards and the excellent readable, informative text make this book a must for all neurologists who might come across a patient with the neurological manifestation of AIDS, which includes all of us.

CHRIS ALLEN


It is a measure of just how far psychiatry has come over the past two decades that Hirsch and Weinberger have been able to put together a book on this substance on schizo-

phrenia. It is striking, particularly with the American input, just how little space is allowed for the fanciful notions of psycho-
analysis with regard to aetiology and treat-
ment. The book is divided into four descriptive aspects, biological aspect, where the real stories of research lies, physical treatments and psychosocial aspects. Most of the individual chapters are excellent, especially those based on the neuro-

assisances given to the researchers and the
require, for instance the chapters on treat-
ment and Taylor's chapter on risk of vio-

lence. The absence of sections on particular topics (for example, suicide risk) is compen-
sated for by good indexing which yields a
range of perspectives on the subject.

Like most multi-author books it cannot
hope to give the complete picture and some of the background and colour is missing.
The arbitrary sequence of chapters reflects
the individual authors' interests rather than
fitting into a logical whole. This is a book for
researchers who already know something about schizophrenia and beginners who need to acquire a real understanding of the disorder should turn to McKenna's excellent book "Schizophrenia and Related Syn-
dromes".

I have a few cavils. There is no reference to the Soviet psychiatrist Sznitzhevsky, despite the fact that his system of classifica-
tion now no longer enjoys much trust. Another point of political correctness is the chapter on homelessness which happens to be excel-

lent but is akin to putting a chapter on