complex and expensive therapies to the patient. It is very unlikely that there will be one cheap magic bullet for patients with a stroke. Clinical stroke will have to properly assess the condition of their ischaemic brain clinically and probably with expensive imaging techniques before selecting the correct therapies for that individual case. These three books give us a taste of the possibilities for that future.

In Louis Caplan's book the chapters are lucid reviews, in the main by luminaries in the field. The clinical therapies are shown to be mending briefly through recent advances in vascular disease. The exercises are opportunities to mendably brief reviews, in the lucid topics. Balliere Tindall, 1995.

An open heart stroke is a stroke occurring to patients with stroke and their treatments. The pertinent brief chapter on the current management of stroke deals intelligently with practical issues of respiratory complications, metabolic disturbances, urinary problems, and even bedsores. Unfortunately the chapter on thrombolytic therapy was written too late to include the disappointing initial results of trials of this treatment and so is already out of date. Finally a contribution on unusual causes of stroke tackles the thoroughly unsatisfactory entities of migraine related stroke and paradoxical embolism (have you seen this already?). All in all Fisher's book is excellent and is a lot easier to carry around than the Barnett's Bible even if it cannot hope to be so encyclopaedic.

CHRIS ALLEN


This is a hard-backed book published by Hogrefe and Huber and consists of 280 pages including the index. It costs £135. Multiple authors contribute to the 13 chapters, most are radiologists but there is also a sizeable neurology and neurosurgery input. Each chapter consists of approximately one-third text and two-third images with a good mixture of plain films, CT, MR, and angiography.

Unfortunately I think that the book fails between two stools. There is insufficient written information to define this as an authoritative and definitive work. The latter chapters are very patchy. According to the authors the book is directed at students and practitioners. However there are several other books on the market in the same price range that are more readable, better organised, and better illustrated.

PAUL GRIFFITHS


The pedigree of this book is of the very highest order. Julien Bogossoulis and Louis Caplan are indisputably the “syndrome kings” of clinical strokeology; if anyone should write or edit a book on stroke syndromes, it is these two. A quick electronic search showed that, between them they have written 377 articles in MEDLINE-indexed journals since 1982, 185 of all these papers were on clinical aspects of stroke and stroke syndromes. The editors have, with the help of some very distinguished coauthors, constructed it as a reference book, with a size and price (£295) to go with that concept. Testing the index for ease of use, I was quickly seduced tangentially by some intriguing names I had never heard of (‘abdominal ultrasound’, ‘Endarterectomy and Stenting’, ‘Foix Chavany and Levy’, the Wernerkine commissure syndrome to name but two early finds). Dipping in and out of the book is a pleasure. In doing so, I saw immediately that, for an aging consultant like me, (who is frequently intimidated by the junior staff when it comes to matters of molecular biology), this book might provide some ammunitions with which to, temporarily, restrain the upper hand on ward rounds. On a more serious note, the introduction emphasises that the aim of the book is to aid clinical pattern matching, linking common syndromes, and identifying rare syndromes associated with stroke (eg the Divry-van Bogaart syndrome). The book certainly achieves its aims; anyone who treats patients with stroke will find it useful. However, by its emphasis on stroke syndromes, it is best used as a companion to a text on stroke medicine that will cover the clinical, basic, and molecular aspects; this book is not necessarily as complicated as this book sometimes seems. PETER SANDERCROCK


The final volume of the 4th edition of this gigantic textbook is a testimony to the dedication, the energy, and the staying power of the authors. There will be none of the condescension that greeted poor Gibbon on surrendering his final volume of the "Decline and Fall" to the Duke of Gloucester who curtly said “What is this, Gibbon? More scribbles, scribble, scribbles!”. The first volume appeared in 1982, and the fifth volume brings the total pagination up to 4500 pages and 200 pages of index. This volume, divided into 2 parts has over 1500 pages and over 5000 illustrations. The first part deals with the eyes and the visual pathway, the second part deals with dizziness, vertigo, and the fifth volume deals with the CNS, whereas the second part deals with demyelination, viral disease, and a final section on non-organic neuro-ophthalmic problems. These two volumes will ensure that neurologists and ophthalmologists will be suitably equipped to deal with the diagnostic challenges of the future.

The first part alerts us to the many new diseases that will confront us, to old friends re-emerging (TB and syphilis) and to improved diagnostic capabilities (PCR etc). The expansion in the techniques for the detection, identification, and investigation of infective agents has been one of the most dramatic advances. The inclusion of 38 pages on prions and prion diseases demonstrate the need to keep abreast of terminology.

One of the species of Borrelia causes Lyme disease and the neuro-ophthalmic manifestations are described in 50 pages with a wide clinical spectrum, full scan, US scans, and pathological studies. Similarly, the fans of Wipple's disease, already delighted at the pathognomonic clinical features of ocutolaminstomatory myorrhthymia will be glad to know that the pathogenic
organism has been isolated and named *Tropheryma whippelii*. Some of the greatest diagnostic challenges are encountered in patients with the condition, who have immunosuppression and radiotherapy and then develop a deteriorating clinical situation. The clinician has to decide whether they have further disease, side effects of treatment or intercurrent infections. This section deals with these rare infectious agents and the breadth is staggering.

The second part opens with the most comprehensive and up-to-date section on serology. There are many instances more pathological illustrations than neuro-ophthalmological illustrations. There is an extensive section on multiple sclerosis and the accumulation of 20 pages of double columns of referenced text fairly reflects the depth of coverage and there are extensive reviews of the Guillain Barre syndrome. In addition there is a comprehensive and well referenced section on sarcoidosis with good fundus photos, MRI scans, and pathology. Finally, it seems appropriate that after studying the scientific and clinical material of neuro-ophthallogogy the breadth is wide and would be required for the practicing clinician. The final chapter is on the "neuro-ophthalmic manifestation of non-organic disease".

This book will be of immense value and serve as a reference in neuro-ophthallogogy. It contains an encyclopaedic volume of material with cohesion and a massive bibliography. This may sometimes be at the price of clarity of fine tuning but my final advice is to rejoice that this has been completed; rejoice that the author has maintained his dedication and sanity, and procuring your individual copy will give you no regrets and probably a great deal of pleasure.

MIKE SANDERS


The first chapters of this major new book set treatment in the context of modern accounts of the pathophysiology, classification and diagnosis of epilepsy. In doing so the book could be held to be a comprehensive textbook of epilepsy, which to my mind such a large tome really ought to be. At present it does lack an account of epidemiology, a gap which will shortly be filled by a review in the JNPP Neurouropediatrics series. The historical introduction describes the contribution of the National Hospital, Queen Square, and especially its Victorian neurological giants, Gowers and Hughlings Jackson, to the treatment of epilepsy. However the rest of the book is distinctly international with authors drawn from all over the world.

The chapter on pathophysiology is hard going for those who had forgotten the more intricate details of the T-type calcium channels and different types of GABA receptor, possibly gained from earlier abbreviations have not been adequately annotated. Fortunately all is eventually revealed in a later chapter on the mechanisms of action of antiepileptic drugs. The strength of the book is in the rich backgrounds of each of the antiepileptic drugs. Another strength is the detailed description of the investigation for and remarkable success of surgical treatment in selected cases. Each of the chapters on drug treatment includes a box summarising the editors' personal view of each drug.

The other chapters would also have been enhanced by the Scott report, by executive summaries. Every textbook is bedevilled by the march of time and perhaps the trials supporting the superiority of magnesium sulphate in eclampsia, for instance, were not published by the time the book went to press. In some of the chapters information is given in a didactic fashion without the detailed referencing which is needed in a book of this nature. The omission of the obscure passages and inclusion of one or two more chapters this important new book should mature into the international standard comprehensive textbook of epilepsy. It is already a valuable resource for all who treat epilepsy.

RICHARD HUGHES


The editors describe this volume as a "generously international and comprehensive book" which aims to "distill current knowledge in a readable and accessible form in an area of great interest to neurologists practising in tropical zones and in temperate regions where imported cases are seen". Unfortunately, because the contents are arranged entirely by disease and grouped by their causes, a neurologist is bound to find it of limited value unless he knows the cause of the complaint from the outset. The way round the problem is simple and has been successfully contributed to the standard large textbooks on tropical diseases. An author with great experience of neurology in the tropics—Billinghamurst and Osuntokun have done the job well in two recent volumes—has had to provide an overview which draws attention to common symptom complexes such as acute brain syndromes (often caused by more or less extracerebral infections such as typhoid fever which merits only a passing mention in the volume under discussion), cord lesions, or polyneuropathies and summarises likely causes in different regions of the world.

Such an introduction would make the whole text vastly more useful to the clinician puzzled by the unfamiliar and would have added little to the total bulk of this volume. It would have disarmed critics like myself who are obliged to ask how the text can be called comprehensive when it mentions only in passing, or not at all, typhoid and typhus (both so-called because of the clouding of consciousness they can produce), leptospirosis and Lyme borreliosis. These are important because they are treatable. Vascular diseases of the brain and cord should have been mentioned because they are very common in the tropics, often complicating hypertension, diabetes, or haemoglobinopathies.

The editors claim to have considered the plight of the practitioner with limited resources. Unfortunately some of their authors, 19 of whom work in the Western World compared with only one who prac- tices in tropical Africa, will be impressed to find that they would feel extremely insecure without access to MRI scanners and to facilities for culturing bacteria, let alone patient's relatives with the wherewithal to buy drugs which are often unimaginably expensive to those on third world incomes.

Having criticised the lack of any attempt to synthesise all the data, the editors are often Western oriented approach, credit must be given to many of the chapters which are excellent. Warrell on cerebral malaria, Bill on schistosomiasis, Dumas on African trypanosomiasis, Widdowson on leprosy, Vernant on HTLV-1, and the Warrells on rabies are all authoritative and valuable. Senanayake's review of toxins is pertinent to the tropics. The issue of reimbursement is marred by the statement that recommendationson treatment are undergoing constant review and the interested clinician is advised to phone a Louisiana number to find out how to treat a case. Actually, the WHO recommendations on multidrug therapy have been virtually unaltered for 14 years and differ substantially from those in the text. Of pure neural leprosy (with no skin lesions) there is no mention, despite its obvious importance to neurologists.

In 1973, JD Spillane edited a volume also entitled Tropical neurology which was largely a compendium of information on approaches to neurologists practising in various tropical locales. It was strong on the syndromal approach and is still of considerable value. To be sure, much has been learnt since then but I doubt that this book could be a successor to Spillane, would have been greatly enhanced by his insights. In his preface, Spillane stated that it will be many years before a comprehensive account of tropical neurology could be undertaken. I believe that it could be now but, sadly, this is not it.

CHRISTOPHER ELLIS


Anxiety and insomnia are very much Cinderella subjects, even within psychiatry. Epidemiological surveys have established high prevalence rates, but they are hard to pin down but a relatively small proportion of such patients are treated by specialised services. Where they are, their treatment is often assumed by practitioners who might have considerable experience of dealing with anxiety management groups but are unlikely to have much experience of formal training in pharmacological aspects of treatment. Insomnia is probably one of the most common symptoms alleged in primary care and among hospital patients decisions about its treatment are frequently devolved to on-call junior medical staff called upon to write up night sedation. That is not to deny the potential of expert opinion upon the roles and limitations of pharmacological approaches to treatments of anxiety and insomnia is timely. The book begins with an attempt to correct the Cinderella status of these problems in the form of chapters outlining the economic costs of anxiety and insomnia. The author of the latter of these estimates that in 1982 the total direct cost of insomnia to the United States economy was $10.9 billion. The role of benzodiazepines in the treatment of insomnia and anxiety are outlined by techniques of usage and some of the chapters are very likely to help the clinician. The book concludes with a chapter on problems of drug dependence and discontinuation. The use of monoamine oxidase inhibitors,