spike-wave stupor in portal-systemic encephalopathy could be considered to be due to secondary epileptogenesis caused by metabolic disturbances in that case.

From this standpoint, spike-wave stupor in portal-systemic encephalopathy is not contrasted with epileptic spike-wave stupor.

References


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**Book reviews**


This book records the proceedings of the 7th International Symposium of the International Society of Posturography. It contains papers which are either overviews of the state of the art in particular aspects of posturography or accounts of specific experiments. Various sub-sections of the book deal with models of postural control, quantitative techniques, interaction with visual and vestibular systems, the aerospace environment, neurophysiology and developmental and pathological studies.

With the exception of the short section on neuro-physiology, all the papers take what might be termed as a "behavioural" or "human engineering" approach to the study of posture and are largely concerned with studies on human subjects.

As is to be expected with the proceedings of any conference, the quality of individual contributions is variable. However, a substantial number of the papers are of high quality. The book has the appeal, derived from the multi-disciplinary nature of posturography, that it contains something of interest for almost everybody concerned with behavioural studies of posture.

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For many physicians the fascination of clinical neurology is the pleasure of deductive analysis based on careful observation in the light of applied anatomy and physiology. As one's experience matures one must inevitably become more removed from the scientific background which nurtured it. Furthermore, experience shows us that some of the simplistic models which we inherited are in themselves insufficient. In *The Scientific Basis of Neurology* Swash and Kennard have assembled a series of review articles, not only on the most immediate and glamorous spheres of neurological research, but also defining the current concepts of the most basic and essential aspects of neurological function. There are 67 distinguished contributors, literally extending from A (Appenzeller on the Autonomic Nervous System) to Z (Zeki on Looking and Seeing). The individual reviews are on average some 20 pages in length and any one can be digested at a single sitting. Each chapter is supplemented

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**Neurosurgical Operations.** By G Merren and W-E Goldhahn. (Pp 556; DM 120.00.) Heidelberg: Springer-Verlag, 1985.

This is the second edition of a standard German language neurosurgical text written by the late Professor Merren and re-edited by Professor Goldhahn, and now translated into English. The book consists of various sections including general neurosurgical techniques, vascular neurosurgery, spinal surgery, pain and stereoay. In each section a page is devoted to a description of the operation and the opposite page to one or two detailed sketches illustrating the text. The description of the operations are reasonably clear, and the drawings are more helpful than they first appear; the quality of the reproduction and printing is not high.

The techniques described are orthopedic neurosurgery as practised in a major East German centre. The neurosurgeon in training would find it a reasonable basic guide but would expect more detailed correlation. There is no mention of modern equipment such as the CUSA sucker and laser surgery. It is an interesting book but it also has important competitors, whose price is similar, and whose multiple authorship confers the benefit of specialists writing about their particular field of interest.

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**Matters arising**

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References


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**Yamamoto et al reply:**

We also believe that episodic behaviour disorders must be differentiated from epileptic disorders and metabolic encephalopathy as Drs Sheridan and Sato note. They concur that spike-wave stupor is rarely found in non-epileptic disorders. We use this term as a state diagnosis or a state description, not as a clinical diagnosis. In portal-systemic encephalopathy, Poser described the triphasic wave with epileptic nature. In our case, to our regret, the EEG is somewhat ambiguous, but it has bilateral synchronous spike component of epileptic nature. Hosokawa et al previously showed that diazepam inhibits the spike-wave discharge in portal-systemic encephalopathy. We believe that