was 175 mm H₂O; the analysis of the cerebrospinal fluid was entirely normal (protein content 31 mg/dl with normal agar-electrophoresis). There was no evidence of sinusitis or otitis.

A diagnosis of pseudotumour cerebri was made. A possible side effect of amiodarone was suspected; it was the only drug taken by the patient. A query to the manufacturer (Labaz-Brussels) yielded no mention of previous similar reports. Nevertheless, we decided to withdraw the drug. The patient was put on verapamil 120 mg/day. During the following weeks the papilloedema gradually resolved. A repeat fluoangiography on 11 April 1986 showed disappearance of the oedema of both optic discs. The visual field defect was also reduced.

Our observation supports the view that amiodarone can be responsible for the development of pseudotumour cerebri. As in the case of Fikkers *et al.*,¹ there was a close temporal relation between the introduction and withdrawal of amiodarone and the appearance and resolution of the papilloedema.

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Reference

- 1 Fikkers BG, Bogousslavsky J, Regli F, Glasson S. Pseudotumour cerebri with amiodarone. *J Neurol Neurosurg Psychiatry* 1986;49:606.

Book reviews

Cerebrovascular Surgery Volumes 1 and 2
Edited by JM Fein, ES Flamm (Vol 1 Pp 300; \$96.90 Vol 2 Pp 300; \$96.90.) Berlin: Springer-Verlag, 1985.

This short monograph, at one DM per page, attempts to help the reader to increase his clinical yield from CT scanning in stroke. Prof Zulch has selected a large number of good quality CT brain scans to illustrate the abnormalities to be expected when infarcts occur in the territories of individual arteries. There is a very useful section, well illustrated by line drawings, on the pathogenesis of stroke explaining how the site and size of an infarct is determined. The roles of arterial stenoses or occlusions, the type and quality of an anastomoses and the influence of general haemodynamic state are described in a straightforward and practical manner.

In most cases, the CT scans are paired with coronal pathological slices of similar lesions. The value of these combinations would have increased considerably if the pathological slices had been in the same plane as the accompanying CT scan.

The text is at times rather too brief and on occasion too personalised. The rather insular English reader may find the large number of references to the German literature somewhat vexing. In general the book succeeds in its aim and after its perusal, the reader should have far more insight into the causes of pathological changes underlying the lesions seen on CT scanning. This is timely in view of the rapid decline in frequency of detailed conventional cerebral angiography in cerebrovascular disease.

DI THOMAS

Diagnosis and Treatment of Global Aphasia. Clinical Updates on Speech and Pathology Series. By Michael Collins. (Pp 196; £19.00.) Basingstoke: Taylor & Francis Ltd, 1986.

Part of the *Clinical Updates in Speech-Language Pathology Series*, this book is written primarily for speech therapists. The authors' aim is to consolidate current knowledge about global aphasia by drawing on a variety of sources and they divide the book logically into chapters of the definition of aphasia, assessment procedures and treatment and concludes with case illustrations. There is a clear reference section at the end.

The information sources are cited with little critical appraisal. The treatments outlined are based more on American than British models and are lacking in details required by speech therapists. Some speech therapists might find the title *Global Aphasia* misleading since the assessment of treatment procedures is at such a high level of complexity as to be more appropriate for moderate to severe aphasics. The text provides a useful overview for students and a good source of references but the student would have to search elsewhere for a more detailed account of treatments.

D NEARY

Feedback and Motor Control in Invertebrates and Vertebrates. Edited by WJP Barnes and MH Gladden. (Pp 495; £40.00.) Beckenham: Croom Helm Ltd, 1985.

This is a collection of papers, many rewritten and updated, given by invited speakers at a symposium on *Feedback and Motor Control* held at the University of Glasgow in July 1984. There are seven main sections, the first six of which present data from animal experiments ranging from molluscs to mammals. The section titles are motor system organisation, central control of sense organ excitability, sensory input during movement, the role of reflexes, the control of movement, the control of equilibrium, and feedback and motor control in man. Each section is given a reasonably substantial introduction that puts its contents in context and points up controversial issues. Indeed, many of the papers themselves incorporate reviews of previously published work in addition to the author's own recent observations.

This book makes fascinating reading. It is a useful source of references; its reasonable cost has been achieved by the use of reduced typescript but most of the figures have clearly been chosen so that they will reproduce well. Those interested in motor control will want their own copy to browse through, and it is ideal for the general scientific reader wanting to catch up with the latest observations, thinking and controversies about sensorimotor integration and motor control.

The editors are to be congratulated on a symposium publication that is not simply a moment of a pleasant occasion but a valuable record of current scientific thinking on a topic of major importance.

DL MCLELLAN