recording system and localisation and polarity. There is an introduction to EEG reading and the normal EEG is described, but the chapter on abnormal EEG patterns precedes that on activation procedures. The chapter on evoked potentials is simply to give sufficient information for the reader to understand the topographical analysis of the E.F. Seizure monitoring and ambulatory EEGs also receive a chapter, but the reader is referred to other texts for the detail of work-up of epileptic patients for surgery. There are two chapters on topographical brain mapping, one on clinical use and the second on recommended standards and practice, both cautious and conservative in their approach.

The final chapter describes the EEG in clinical diagnosis and its relationship to other neurological tests, including computerised tomography, magnetic resonance imaging and positron emission tomography. A number of different clinical disorders are examined and the contribution of the EEG to the clinical diagnosis discussed. Readers of the glossary will be intrigued to learn that the “double banana” montage is the familiar 16 channel tempo-parietal AP montage.

The volume will be of interest to those responsible for training physiological measurement technicians and to those entering the field of clinical neurophysiology as it is refreshingly different to standard English texts, which it complements but does not replace.

D BARWICK


This handsome quarto volume is a major addition to British paediatric neurological literature and has my vote for the 1988 book of the year. The three editors have written several major chapters themselves and have succeeded in combining the contributions of the 55 other authors into a coherent book with a remarkably even and lucid standard of writing.

Its major rival is JJ Volpe’s “Neurology of the Newborn” (2nd edition, 1987), itself an important pioneering work, and one can detect that the new book stands to some extent on Volpe’s admirable shoulders. The scope of the two books is virtually the same despite the differences in titles though Jonathan Punt’s thoughtful surgical approach in the British book will be helpful to paediatricians in their collaboration over difficult decisions about surgery. After using both for several weeks I have generally found Levene to be more clearly and less densely written and that the specialised expertise of its multiple authorship has the edge over Volpe’s single-handed and very scholarly alternative. One strength of the American book lies in its author’s strong grounding in neuropathology, an aspect of training which is sadly lacking in British clinical neurology. However Levene and his colleagues have compensated more than adequately by recruiting Dr Beaugerie and Professor G Lyon from Belgium and Dr JC Larroche from France to write the sections on developmental abnormalities and the pathology of neonatal cerebral haemorrhage and ischaemia. Other contributors include 10 from Australia, 7 from the USA and Canada and 8 from Europe.

The standard of production of the book is generally high but there are some printing errors especially in the figures and legends; the ultrasound illustrations lack pointers or scales. The pictures are generally good but in the chapter on hearing defects the illustrations of the Treacher Collins, Klippel-Feil and Crouzon syndromes should have shown newborn babies; the older children’s faces were of little help in this context. The index lets one down more often than it should.

D GARDNER-MEDWIN


The consequences of major head injury are well recognised both as clinical phenomena and in terms of the late neuropsychological defects and the social handicaps they confer. Until recently, the more common minor and moderate injuries have received little systematic investigation. This 1987 international symposium held in Ann Arbor, Michigan, sponsored by General Motors (a praiseworthy, if vested interest) sets out to fill in this gap in our knowledge.

Henry Miller’s conclusions that simulation, exaggeration and frank malingering were common features in those seeking judicial compensation were contentious and now often proscribed; the neglect of his clinical data and many similar observations made before and since, may have led to throwing out the baby with the bathwater. A scientific appraisal of certain litigants with trivial injuries whose symptoms and disabilities appear grossly in excess of those reasonably predicted by their head injury should not exclude the multiplicity of readily understood human ambitions and aims which may make the common man or woman seek more money through the judicial process. Sadly, the preface opens: “Patients with mild to moderate brain injury have significant cognitive and behavioural problems for months after impact.” This assumed bias pervades the whole of the text and is accepted uncritically—even in patients without a graze, bruise or any impairment of consciousness—by the contributors, many of considerable distinction.

The book is in five sections. The first deals with definitions, epidemiology, biochemistry, pathology and experimental brain injury. Part two briefly considers diagnosis, part three clinical management, part four rehabilitation and recovery. Part five, a valuable set of workshops summarises the same ground, but plans future “research agendas”.

Despite the implied criticisms above, this work incorporates a vast amount of important data which is attractively presented. A Glasgow Coma Scale (GCS) of 13–15 defines mild or minor, one of 9–12 moderate injury. Age, alcohol and multiple injuries adversely affect prognosis. Patients admitted with a GCS of 13–15 may develop serious and sometimes fatal complications, so that further tests of attention and verbal cognition in the acute stage may improve our powers of prognostication. Diffuse axonal injury is an important concept, but since very few patients die its clinico-pathological significance is speculative. MRI detects many lesions in patients with normal CT, and when lesions are shown by both, the MRI lesions are often larger: an indication of the limitation of CT. P3 latencies often used as an index of attention correlate with post traumatic amnesia.

I would strongly recommend this book to all those involved in the assessment of head injuries as a source of data and reference, and as a statement of contemporary views. It is salutary however, to see how widely critical analysis is sacrificed at the altar of the proof of universal organicity. Time may show that the pendulum has swung too far from the opinions of Henry Miller.

J M S PEARCE


It is difficult to know what to say about a book such as this, as it has shown itself to be of proven worth having reached a fifth