“decerebrate postures do not invalidate a diagnosis of brain death”. On the contrary, such postures imply that the brainstem is still very much alive.

The blunders corrected the book deserves to become part of the way neurology should be approached, both by medical students and by those envisaging higher qualifications. Further editions seem certain.

C PALLIS


The traditional problems facing lesion analysis in neuropsychology have been the simplistic level of psychological analysis, the relative crudity and non-reproducibility of lesions and the naivety of theoretical models of explanation which have sacrificed psychological in favour of anatomical descriptions. This volume is written and illustrated by Damasio and Damasio for their respective expertise in neuropsychology and neuroimaging and represents an attempt to overcome the methodological difficulties of focal lesion analysis.

A comprehensive neuropsychological assessment is described and illustrated by cases of great interest; the methods by which accurate lesion sitting on computerised tomography and nuclear magnetic resonance imaging can be achieved without undue artefact are exemplified in beautifully reproduced images, and a theoretical explanatory model is adumbrated in terms of information processing in a parallel distributed manner. The text is highly recommended to those with research interests in neuropsychology, the volume is attractively produced and given the high quality of the illustrations, sensibly priced.

DAVID NEARY


The reading itineraries of most neurologists will have already strayed from standard journals and texts through the “magic wardrobe” and into the bewitching lands of “The black hole”, “The divine banquet of the brain”, and “The citadel of the senses”. These collections of uniquely personal essays flowing from the pen of our neurological paterfamilias Macdonald Critchley have afforded much pleasure and enlightenment. The arrival of another volume “The ventricle of memory” whets our appetite and nurtures a sense of excited anticipation. Has the master, now an octogenarian, retained his touch?

The essay dismiss any such apprehension. Here are the personal impressions of a variety of neurological friends, now departed: a pastiche of impressions created “as their lives crossed mine”. They are biographical vignettes, ranging from W James Adie, Geoffrey Jefferson, Diddoch and Walshe from England, through Alajouanine, Raymond Garcin, Rene Leriche, Jean Lhermitte and Kurt Goldstein from Europe, to his American colleagues, Bender, Irving Cooper and Wechsler. Graeme Robertson of Australia, Monrad-Krohn of Oslo and Fritz Grewel of Amsterdam, inter alia, have further extended his remarkable circle of friends.

But the biographer’s first duty, Samuel Johnson remarked, was not to dwell “on those performances and incidents which produce vulgar greatness,” but to “lead the thoughts into domestic privacies”. In these short essays Macdonald Critchley does that. He gives anecdotes, affording us insights into these distinguished lives in his inimitable, scholarly, yet always engaging style. His writing makes compulsive reading and one must read this book at a sitting for fear of devouring these intriguing histories all at once. He is self-effacing, but his profound knowledge of many languages and his erudite understanding of the arts shine out from every page. He is always generous in his commentaries, passing lightly over those oddities, quirks and foibles which many of his famous subjects possessed. No doubt they add to their charisma, but discomfited their colleagues from time to time. These qualities only add to the fascination of the spell they cast.

Like all good writers, Macdonald Critchley leaves us wanting more—much more.

JMS PEARCE


It is only in recent years that adequate facilities for the rehabilitation of the head injured have been sought by the Regional Centres responsible for their immediate care within the National Health Service. Despite the fact that head injuries are so much more common than those of injuries to the spine, it is still unusual for the head injured victim to find a properly conceived and organised rehabilitation programme. This is the message given by Bryan Jennett in his foreword to the second edition of this book on “The Rehabilitation of the adult and child with traumatic brain injury”. I feel, however, that Mitchell Rosenthal, one of the editors, in his preface suggests that the initial impetus for the writing of the book stems from a postgraduate course on rehabilitation held in 1977. He states this was the only course held on an annual basis in the United States and certainly there was no such course provided in the United Kingdom. He comments in his foreword on the dearth of previous texts or articles directed towards rehabilitation. This certainly requires no further emphasis.

The first edition was successful and has now been expanded to include head injured children and, to a lesser extent, those subject to birth trauma. Dr Griffith, the co-ordinating editor, suggests that this work is the only one to encompass all disabilities resulting from brain injury both in adults and children. As colleagues in the editorial work, Griffith and Rosenthal have been joined by Michael Bond, psychiatrist from Glasgow and Douglas Miller, Professor of Surgical Neurology in Edinburgh. I feel, however, that with careful selection of authors from all areas of medical and surgical neurology and rehabilitation they have produced a most useful and comprehensive account of the problems and their potential solution. There are sections on early evaluation and management and a careful account of the neurological evaluation followed by a useful chapter on assessing and predicting outcome. Professor Jennett brings up to date his well known and frequently quoted prediction of post-traumatic epilepsy. Movement disorders, communication disorders, cognitive defects, behavioural and psychiatric sequelae are all dealt with. There is a useful chapter on the rehabilitation of a minor head injury.

The book is comprehensive in its 617 pages and should provide advice not only for those involved in the after care of the head injured but also help those involved in litigation work assessing the prospects of a given head injured claimant.

It was a little disappointing to find scant attention paid to birth trauma as a cause of ongoing disability and whilst the recommendations with regard to rehabilitation are available, there is little here to predict outcome. Despite these slight strictures, we are all afflicated by other direct birth trauma or indirect anoxic encephalopathy during the birth process. Although the question of early assessment is addressed, advice as to what measures are practicable was not felt to be necessary and is not considered. I feel this probably results from the fact that there are few studies available and perhaps this is a matter Dr Bruce may address in what I hope will be an early third edition. Browsing through the volume I found much that was of interest and of value but sorry to see that the medical-legal aspects of head injury were dismissed in some eleven pages and that these matters were seen from the Massachusetts field of legislation. Joy Cook who writes on returning to work after head injury, again is concerned with the American head injured victim and we have no mention of the United Kingdom DRO. Courses on rehabilitation or the provisions of the National Insurance acts which figure so largely in assessing the financial implications of injuries to the head in the UK. Despite these strictures, the book is a useful contribution and perhaps factors worthy of reconsideration in a further edition.

I think this book is useful, draws attention to the distinct possibilities of an improvement in the long term head injury victim, and encourages all who have an interest in rehabilitation and by implication other countries in the western world.

J B FOSTER


This book derives from the collaborative efforts of Herndon, with a strong background in electron microscopy of CSF cells, and Brumback with the clear view of paediatrics, especially infections of the CNS. They have gathered into their fold others from the previous John Hopkins Group (Brooks) and Washington St. Louis (Trotter). There are several others with equal expertise and/or prior interests. The team offers chapters on history, anatomy and physiology, hydrocephalus, CSF collection, and intra- thecal therapy. They then move on to infections, immunoglobulins, and non-immunoglobulins.

The final portion is directed to cytology:
normal/abnormal as well as light/electron microscopic. The major bonus is the mini-
 atlas in the middle of the book which has 53 colorful tables of brain anatomy. There are the usual pros and cons of a multi-author book by experts: pro is the rich diversity, con is the overlap (although slight in this volume). On balance, I found it a very readable book and I believe anyone seriously interested in CSF. I would echo what they say in their preface “in most instances, the extent of sophistication in the use of cerebrospinal fluid trails our use of other equally valuable body fluids (such as blood and urine) by several decades”.

This book goes a long way to redress the balance in favour of the more sophisticated outlook.

**EJ THOMPSON**

**Vision and the Brain: The Organization of the Central Visual System (Association for Research in Nervous and Mental Disease) (Harcourt Brace Jovanovich, Inc., Vol. 67).** Edited by R. COHEN and I. BODIS-
 WOLLNER. (Pp 364; Price $156.50.) New York, Raven Press, 1990.

This is the latest in a long line of research publications from the Association of Research in Nervous and Mental disease which go back as far as 1920, and is the first specifically on the subject of visual physiology and its disorders. It gives a sys-
tematic account of recent work in the experimental field on the organisation and functioning of the visual system and related oculomotor control. Some clinical aspects are also touched on.

The book begins with two chapters on recent advances in the physiology and phar-
macology of the retina notably the two types of bipolar cells and on the function of the amacrine cells. A long chapter on the lateral geniculate nucleus describes the two parallel systems: magnocellular and parvocellular, with their separate projections and functions. The chapters on the visual cortex are more relevant to the clinician and review the recent work on plasticity. It is now established that the cortex develops in a way which will ensure an effective information processing system appropriate to the visual world in which the organism is reared in early life, and that disturbances in the visual input during this early critical period may have permanent effects. There is an excellent chapter on parallel processing in the prestatte cortex for form, colour, movement and depth percep-
tion, and evoked potential techniques are applied to the clinical problems of loss of object recognition or facial recognition. There is also an important chapter on neuronal mechanisms underlying eye movements occurring in response to a movement stimulus, emphasising the impor-
tance of separate regions in the temporal lobe. There is an interesting chapter on the ability of PET to explore high level processing in the normal human brain by means of small variations in regional blood flow. The concluding chapters describe visual distur-
bances in Parkinson's disease, Alzheimer's disease and multiple sclerosis and attempt to explain these in terms of specific cell loss or a breakdown in parallel processing.

This book is an excellent source of reference for neurologist and psychologists concerned with how the brain looks at and sees the visual world.

RW ROSS RUSSELL


This book is based upon a conference held in 1987. There are 26 contributors—all from North America. Most of the contributors are specialists in Rehabilitation, or Psycholo-
gists.

The book is divided into five sections comprising 21 chapters. The sections are: Patient Management Issues, Neuropsychological and Behavioural Issues, Neural Recovery, Rehabilitation Issues, and Community Integration Issues. As is to be expected of all books of this type the chapters vary greatly in quality and length and tend to be repetitive. Some chapters have no summary.

Some of the contributions are of considerable interest. I enjoyed the section on the Persistent Vegetative State, by White and Glen. Topics discussed include bladder problems, severe spasticity, and heterotopic ossification. Curiously, there is no discussion of the topical question of whether or not such patients should be segregated in hospital. Indeed, there is really very little discussion of organisational issues—for instance, what should be the components of a Locality Head Injury Service.

I enjoyed the chapter on Pathology and Structural Change following Head Injury, by Pavlikos. The classical work by Strich is critically re-examined and the hypothesis that axons are immediately torn at the time of injury is challenged. The author suggests that traumatically-induced stretch is the impor-
tant initial event. Over a period of 12-24 hours there is a breakdown of organ-
ettes with focal axonal swellings. This process of focal laddening leads ultimately to the formation of a retraction ball. This remains in continuity with the cell body, but Wallerian degeneration occurs in the detached segment. The findings described challenge the concept that tissue tearing with immediate axonal disruption is the necessary consequence. The significance of this finding is unclear, but it seems clear that multiple neurotransmitter disturbances occur after a traumatic brain injury. The therapeutic sig-
ificance of these is not yet clear.

This book does not contain very much mention of work carried out in the United Kingdom apart from repeated references to the Glasgow Coma and Outcome Scale. I liked the quotation from Sir Charles Symonds, 1937—“It is not only the kind of injury that matters, but the kind of head”.

Overall—interesting and valuable for those working in the field of head injury. A reason-
ably good “state of the art survey” for the rest. There are many useful references.

R. LANGTON-HEWER

**Alzheimer's Disease.** Treatment and Long-Term Management (Neurological Disease and Therapy Series/4). Edited by J. CLAYTON, M.D. and R. MILLER. (Pp 390; Price $125.00 (US and Canada) $150.00 (All other countries). New York, Marcel Dekker Inc. 1990.

Most neurologists and psychiatrists I know, if asked what is the treatment of Alzheimer's disease, would say that there is none. If asked again, they may say that several phar-
macological strategies have been tried in the past without startling results. Those interest-
ed in management rather than diagnosis, may say that some troublesome symptoms could be palliated by medication or by environmental modification, and all will express the hope that new scientific advances will change this grim perspective, but the more pessimistic among them will add that this is unlikely to occur in the foreseeable future. When confronted with this title, they could be forgiven for thinking that some major breakthrough had been reported in that copy of the learned journal they forgot to take on holidays with them. Unfortunately this is not the case; palliation and hopes for the future are all we have.

This American book is part of a series entitled "Neurological disease and therapy" and follows a collection of the molecular genetics and clinical aspects of Alzheimer's disease. In its 400 pages there is a lot of redundant information as one expects when there is little new or useful to say, and it may have been better to extract the small kernel of interesting information and add it to the previous volume. The book contains four main sections dealing with pharmacological treatments, behavioural management, long term care and future treatment directions. In the pharmacological section a chapter entitled "unsuccessful treatments" could certainly have been expanded to include most of the other approaches mentioned under different headings. The practical management of com-
mon problems such as incontinence and wander-
ning behaviour, and the chapter dealing with family-directed therapy are better value, and those in charge of the patient get a clear-
agement of patients will find them useful.

The final section, with a tangible science fiction element in it, deals with such lofty themes as genetic engineering, intracerebral grafting, the future use of neuropeptides and strategies to prevent amyloid angiopathy. If we are lucky, it may be possible to write a riveting book with the same title sometime in the 21st century. I hope I am still here to read it.

**MARIA RON**


Thirty odd years ago Beaumont's *Applied Neurology* was essential reading for the "Membership". Aesthetically illustrated in black and white, it consisted of a number of case studies in the form of an interlucutory Grand Round. As a vivid portrayal of the diagnostic process using real patients, in its day it couldn't be bettered. Its success owed