
This multiple author book is a compilation of papers presented at the Eighth International Symposium on Brain Edema held in June 17–20 1990 in Bern, Switzerland.

Within the Neurosciences, swelling and oedema of the brain continue to be major focal points of interest to basic scientists and clinicians alike because of its frequency and its association with different disease processes, but also because oedema is not a single entity and, therefore, is unlikely to be amenable to therapy from single agents. It is a common consequence of many acute and chronic forms of brain injury. Therapy, however, is dependent on full understanding of its etiology and the recognition of its different forms. The triannual meeting of the Brain Edema Group provides a forum for a free exchange of ideas about this condition in the scientific setting. This proceeding, therefore, not unexpectedly contains a wealth of information about the blood brain barrier and the development and spread of edema which will form some of the basis for hope for improved therapeutic intervention. Although the editors are to be complemented by the editing process and the rapidity with which the proceedings have been published, this book is not for the casual reader, rather for the specialist. A copy, however, should be available in the Central Libraries of all Regional and Neurosciences Units.

DI GRAHAM


The study of child development has long been dominated by the figure of Jean Piaget, and it is his proposal for the existence of discrete developmental stages that has provided the framework for much of the research in this field over the last 40 years. According to Piaget, the first stage of child development involves sensory-motor processing, in which stimuli are coded solely in terms of their sensory properties and the actions that may be made to them. How sensory data related to action, was not well specified.

“Sensory-motor organisations and development in infancy and early childhood” is a book of a Nato Workshop held in France in 1989. It contains 35 chapters detailing recent work on sensory-motor development. It attempts to specify the nature of the internal representations formed in infancy and early childhood by the control of action develops, and how action is related to sensory information. There is a new emphasis on dynamic properties of systems, on how the environment constrains actions (as emphasised by the Gibsonian school of psychologists) on how both internal representations and actions are related to the development (the “coming on line”) of different neural systems, and on the modelling of sensory information—mation is mapped between co-ordinate systems. These are issues that have been faced in work on computational vision, and may be incorporated into the modelling in this field.

This book provides a good view of the state of the art for researchers interested in early child development. It is most definitely a research book, and not to be dipped into lightly by those not already familiar with some of the topics. But those who are, and want to know where the research is currently headed, it provides a useful source.

GLYN W HUMPHREYS


This is the latest book in the Contemporary Neurology series, edited by Fred Plum from FA davis & Co. It is a sequel to Leigh and Zer’s work on eye movements disorders from Bing, Cogan and Walsh, and was published in 1983 for the first edition of this book, where a successful attempt was made to interpret the pathology of eye movement disorders from a physiological point of view. The book focuses on the neuroanatomy and physiology of the oculomotor system followed by a comprehensive 179 pages addressing the individual clinical disorders, with the details of differential diagnosis and interpretation. The field is fully covered, the text is accurate and thorough, providing not only an up to date assessment of what is now understood in ocular movements, but introducing the reader to much of the current research in this limited but expanding field.

New material in this edition includes the gaze-holding network and its underlying substrate, the role of the otolithic-ocular reflexes and the identification of a pathway for smooth pursuit. The authors also discuss the use of eye movements as a research tool in psychiatry and pharmacology.

A very useful appendix takes the clinician through a scheme for bedside examination, followed by a resume of the common clinical methods of eye movement assessment.

This book makes a significant contribution to the Neurological literature and was generously introduced in its first edition by David Cogan. This second edition should prove equally popular.

JB FOSTER


The pathogenesis of the syndrome of abrupt, but temporary cessation of remembering, this ceased neurological for decades for even before Fisher and Adams gave it a convenient name in 1958. Perhaps solely because Transient Global Amnesia (TGA) happens to middle-aged and elderly patients, the most popular idea is that it is a form of transient ischaemic attack (TIA), with epilepsy as a second favourite. Others have suggested that it is a form of migraine (the irritable brain syndrome), perhaps surprisingly in view of the age of onset. Hans Markowitsch has assembled a medley of reviews on and around this syndrome, some of which stray some distance from the subject. Sadly, despite the interest in this syndrome, this book is profoundly disappointing.

There are in this slim volume sections covering transient memory disturbance of any cause including intracranial mass lesions (causing amnesia through epilepsy or even as a ‘random association’) and drugs such as benzodiazepines. The neuropysychological aspects are covered with discouraging opacity, not helped by the Harvard reference style. The latter on occasions entails inches of text being taken up by references, making the text difficult to follow. Many of the articles repeat and contradict each other in the review of the same literature. Many are pre-scientific in their uncritical acceptance of poorly controlled clinical studies. For example to Peckers “. . . it is clear that TGA is due to TIA . . . “ because “ . . . since . . . we saw our first TGA patient, we have always had that impression . . . “. His review of the evidence that has . . . only strengthened our conviction (this impression) . . . “ takes little account of the inconsistencies in the literature which have led many others away from sharing this understandable conviction. Most of the contributions in this volume lack clarity of thought or language. In particular there is a need for clear definitions and diagnostic criteria.