

in the book leading to unnecessary complexity which in my view interrupts the flow when reading. Overall Professor Al-Mefty has achieved his aim of embodying the progress which has occurred in the fifty years since Cushing and Eisenhardt published their monograph on meningiomas.

MDM SHAW

Essentials of Neuroimaging. By J R KIRKWOOD. (Pp 497; Illustrated. Price £65.00). Edinburgh, Churchill Livingstone, 1990. ISBN 0443-08479-3.

This book is an attempt to provide an overview of Neuroimaging and its role in clinical management for trainees in Neuroradiology, Neurology and Neurosurgery. There are twelve chapters devoted to intracranial pathology, including trauma, and two to the spine.

The first chapter, dealing with techniques and anatomy, is disappointing. Twenty-eight pages are devoted to a detailed description of arterial and venous anatomy, eight to Magnetic Resonance, and only half a page to Computed Tomography, which is dismissed erroneously as "based on the same principles as all radiography". Radionuclide scanning and Doppler Ultrasound appear briefly in a separate section on cerebrovascular disease. No mention is made of the merits of digital acquisition of data.

The clinical approach in succeeding chapters is better balanced, both in regard to clinical topics and radiological investigations. The role of each imaging method is discussed and emphasis placed on conditions of clinical importance. Revision lists are provided in strategically placed boxed inserts throughout. The method works well in the sections dealing with intracranial disorders, less well in the spine where insufficient stress is placed on the increasing importance of Magnetic Resonance. The illustrations, which are numerous, well chosen and generally of good quality, are the chief strength of this book and make it worthy of study.

Here is a brave effort to cover a very wide range of clinical activity. It inevitably lacks depth and unfortunately the imaging techniques themselves are disappointingly presented.

I ISHERWOOD

Tremor By RJ ELBLE AND WC KOLLER. (Pp 204; Price: \$39.50). Baltimore, The Johns Hopkins University Press. 1991. ISBN 0-8018-4024-4

Despite its high population prevalence, in publishing terms tremor has always been the poor relation to Parkinson's disease. Thus, other than the multi-author book edited by Findley and Capildeo in 1984, I am not aware of any other volumes devoted to the subject. Thus "duograph" by Elble and Koller admirably fills the gap. It is one of that select band of neurology books that is actually produced with the reader in mind. Thus, it is not too big, not too heavy and not too long, and divided into bite-sized chapters that can even be tackled in a standing position on the Northern Line. The book itself is well produced and printed and, miraculously for a first edition, I could detect only one typographical error in the text itself. The list of 786 references is at the end of the book, and each chapter ends with a summary. This latter feature is particularly useful for innumerate like myself who might balk at the sight of seemingly complex equations in the chapter on measurement of tremor.

The authors tell us clearly and concisely not only what we do know about tremor but also, just as importantly, expose considerable areas of uncertainty. Thus, after reading both sides of the arguments, we learn how many of the questions concerning the whereabouts of tremor generators, the significance of alternating versus co-contracting EMG patterns, and the capacity of peripheral perturbations to reset certain tremors, are still open and undecided. To take another example, where does enhanced physiological tremor end and benign essential tremor begin (not known), and can tremor recordings distinguish between them? (no).

It is difficult to find fault. However, the 1955 paper by Schwab and Chafetz concerned procyclidine, not amantadine. Perhaps dystonic tremor could have been given more space, the tremor of dysgammaglobulinaemic neuropathy a mention, and the usefulness of jaw tremor in distinguishing between parkinsonian and essential tremor might have been addressed, but these are only minor quibbles.

Overall this is an excellent book. It should be a part of all neurological libraries, and many neurologists will also wish to have a personal copy on their shelves.

NIALL QUINN

Neural Transplantation: From Molecular Basis to Clinical Applications. Progress in Brain Research Vol 82. Edited by SB DUNNETT AND S-J RICHARDS. (Pp 743 Illustrated; Price: Dfl 440). 1990. Amsterdam, Elsevier Science Publishers BV. ISBN 0-444-81137-0

This volume records some of the papers presented at the Symposium on Neural Transplantation in 1989. It is already two years out of date and is published only one year before the next Symposium on this subject is due to take place. However it brings within the covers of one volume a comprehensive review of knowledge and experience in this field to 1989.

There are few areas of basic and clinical research where there is a more pressing need for an understanding of biological mechanisms and their clinical application than in the field of neural transplantation. This volume has sections devoted to genetic manipulation of cells for neural grafts, immunological considerations in the brain, and extensive review of experience of glial and neuronal grafting in animals. Finally there are reports of clinical experience with adrenal and nigral grafts.

This is a useful book because it provides information on the experience of most of the centres with an active programme of research in 1989. Inevitably most of the papers pose more questions than they answer but progress has been so rapid that some of the answers are already available in subsequent publications.

This book is an essential reference work for the library of any institution where neural transplantation research is being done. It is also a valuable source of data and references for anyone seeking information in this rapidly advancing area of neuroscience.

R GODWIN-AUSTEN

Erratum

Vigabatrin and psychosis—JNNP 1991;54:435–9.

The authors omitted the following paragraph from the "Patients and methods" section:

The illustrated awake EEG recordings were carried out using the standard 10/20 system of electrode placement, an amplitude of 100 mV/cm and a paper speed of 30 mm per second (the time marker in seconds is shown at the top of each illustration), with a high frequency filter of 120 Hertz (fig 1b, 2a and 2b) or 60 Hertz (fig 1a) and a time constant of 0.3 second.