specialised interest in the field of spinal cord evoked potentials (SCEPs). It reflects the growing body of knowledge on the electrophysiology of the spinal cord and the atlas itself presents a review of the nature, clinical features and intraoperative applications of SCEPs with a series of clear illustrations and examples of raw data, accompanied by a significant amount of explanatory text invoking almost 600 references. The reader is taken through the spinal cord physiology of evoked potentials (in contrast to the well established interest in associated cortical events). In addition to academic applications, the growth of intraoperative spinal monitoring means that this will become an important reference source for clinical neurophysiologists who are relatively new to this field, or those who wish to optimise current techniques.

SIMON BONIFACE

Alternating Hemiplegia of Childhood.

Edited by FREDERICK ANDERMANN, JEAN AICARDI and FEDERICO VIGEVANO. International Review of Child Neurology Series. Published by Raven Press.

This is an unusual book in which 50 authors contribute detailed accounts of a rare and tragic condition described in 75 individuals. Every aspect is fully covered including state of the art investigations and genetics but these have failed to reveal very much and the book remains essentially clinical. In the opening chapter Dr Steele (of Steele-Richardson fame) who first described alternating hemiplegia of childhood (AHC) exhorts that: "In this statistical era, it is imperative that individual observations and anecdotal accounts continue to be valued and encouraged". Such careful attention to detail has led the prodigious Professor Aicardi and others to tighten up the definition of AHC and reveal the existence of a most interesting phenomenon.

Affected children nearly always develop symptoms before the age of 18 months, and often in the neonatal period. Hemiplegia is not an early feature. Instead there are paroxysmal attacks apparently associated with distress, of abnormal limb or eye movements, dystonia and autonomic irregularities. Developmental delay and static deficits such as ataxia and choreoathetosis develop later and there may be seizures. Attacks of flaccid hemiplegia which may occur on either side or bilaterally and are always abolished by sleep may not appear for a number of years. Flunarazine may attenuate the hemiplegias.

Little is known about the pathophysiology and the jury is still out on whether AHC is merely a severe form of hemiplegic migraine. Aicardi thinks not. The clinical features would suggest that the problem lies in the brain stem and may be bound up with sleep and other autonomic mechanisms. There are no pyramidal signs, but focal seizures might suggest that all is not well in the cortex. It has been suggested that mitochondrial function may be awry.

This scholarly book has not solved the mystery of AHC but its rigorous clinical definition provides science with its best chance in the future. It is well written and shows that the art of the clinical description

remains useful and, as Steele advises, we should not abandon it.

REBECCA AYLWARD

Blue Books of Practical Neurology Movement Disorders 1 and 2 Reissue.

Edited by C D MARSDEN and S FAHN. (Pp 379 and Pp 468). Published by Butterworth-Heinemann Ltd, Oxford, 1995. ISBN 0-7506-2232-6.

There are few neurological books that are as influential as the Movement Disorder series from Butterworth-Heinemann. These books are not only beautifully written and crafted into authoritative texts but have over the years become the gold standard against which other books on movement disorders are judged. It is therefore welcome to find that Butterworth-Heinemann have now reissued in a single volume Movement Disorders 1 and 2 (MD1 and MD2) with no additions, deletions or amendments. These two books were originally published in 1982 and 1987 but have been out of print for some time, which has been especially frustrating to those with an interest in movement disorders and possessing Movement Disorders 3 (MD3) published in 1994.

The decision to reissue MD1 and 2 is to be applauded not only because of the wealth of data it presents but also because it reminds neurologists how the field has evolved over the past 10 to 15 years. Thus although chapters in MD1 are now outdated, they nevertheless serve to illustrate the all too easily forgotten advances that have been made in this ever expanding field.

The new single volume book opens with an excellent preface from the editors, explaining the rationale for reissue of these books in an unmodified format (which even includes the odd typographical error!). The editors then go on in their preface to frame MD1 and 2 in a 1995 context, with the newer discoveries that the 1990s have brought. For example the discovery of multiple dopamine receptors and the revolutionary impact of molecular genetics. Although this helps in an understanding of the historical importance of the work presented in these books, it also highlights the redundancy of some chapters in this reissue such as the chapters on dopamine agonists in MD1 and molecular genetics in MD2.

Although critics may seize upon this point to claim that the book is redundant by virtue of its age, this is not the case. One of the strengths of these books is their attention to clinical detail and so many of the chapters, especially those in MD2, remain seminal in their presentation (for example, the chapters on PSP, Wilson's disease, and dystonia). Furthermore the fact that the books appeared at different times in the 1980s highlights the advances that have taken place in the field of movement disorders, perhaps the best example being the use of botulinum toxin in focal dystonias and hemifacial spasm. MD1 discusses the various surgical approaches to dystonia in its penultimate chapter, which in MD2 is replaced by pharmacological approaches to the dystonic patient whilst in MD3 there is a whole chapter on the use of botulinum toxin. Of course it may be that in years to come the surgical approach to dystonia will re-surface in an

analogous fashion to the surgical treatment of Parkinson's disease. Indeed changing fashions and trends in movement disorders are apparent in this reissue, with tardive dyskinesia being apparently of more interest in the 1980s. However, although some of these changes are related to the techniques of the day, in some cases it may reflect an embarrassing lack of progress in the understanding of certain disease states. One such example would seem to be Gilles de la Tourette's syndrome which is discussed fully in MD2, and about which little more is known eight years further on.

The question as to whom the reissued book will appeal is difficult, as older neurologists will have copies and those possessing MD3 may find inadequate reasons for purchasing MD1 and 2, especially as good review articles exist for most of the topics covered in this reissue. Indeed, although of historical interest, MD1 is largely out of date, especially when one takes into account the topics covered in MD3—for example, the cause, pathology, and nosology of parkinsonian syndromes. However, MD2 is less easy to dismiss on these grounds, and still represents an invaluable asset to the interested neurologist.

Yet despite these comments, I would not like to be without all three books, as they encapsulate in well written chapters the fascination and challenge of all aspects of movement disorders. Therefore no library should be without copies of all three books and all neurologists would benefit from reading them, not least as an illustration in the art of explaining on scientific and medical grounds complex neurological issues.

RÖGER BARKER

Handbook of Dystonia. Edited by JOSEPH KING CHING TSUI and DONALD B CALNE. (Pp 504 \$165.00). Published by Marcel Dekker, New York 1995. ISBN 0-8247-9515-6.

Dystonia is common and often treatable, two key elements that have really only emerged in the past decade. Hitherto, only three books specifically on dystonia have been published, all in the Advances in Neurology series, two of which (volumes 14 and 50) contained contributions from the first and second International Conferences on Dystonia in 1974 and 1986 (the third Conference will take place next year). The publication of this *Handbook of Dystonia* is therefore timely and welcome.

Almost all of the 39 contributors are from North America. The first six chapters deal with animal models, genetics, physiology, pathology and epidemiology of dystonia, and the next 10 on specific sites or causes of dystonia, the last of these contributions, by Barclay and Lang, giving an excellent overview of the complex subject of secondary dystonias. The last section deals first with medical and then surgical treatment, Bertrand and Lunz going into useful detail about their posterior primary ramectomy operation for torticollis, before going on to deal with botulinum toxin in a further five chapters. Here we learn about its preparation (in minute detail probably of more interest to Saddam Hussein than to physicians), its properties and pharmacology, followed by good practical chapters

on its application in focal dystonias, with the provision of useful diagrams to illustrate Dr Tsui's approach to injecting torticollis patients. Botox® units are used throughout, with some additional reference to the Dysport® preparation. Brin and Tsui state that "from discussions with European colleagues we suspect that one mouse unit of Botox® is approximately equivalent to 4–5 mouse units of Dysport®", but a recent report in this *Journal* suggests instead a 1 to 3 equivalence. This issue of differing potencies is clearly crucial to safety, efficacy and cost.

There is a fair amount of repetition between chapters, but this probably makes them individually easier to consult as references. There are also a few minor inconsistencies between what different authors say, and a phantom electrophoretic gel on page 356. You might also hope that for an outlay of \$165 at least the photograph of a Kayser-Fleischer ring might be in colour, but you would be disappointed. Despite these quibbles, I can definitely recommend this book as an excellent reference text that deserves a place in all departmental libraries. However, its excessive price, although "only" the equivalent of less than one botulinum toxin torticollis treatment, will put it out of reach of most neurologists' personal libraries, which is great pity, and I continue to wonder why medical publishers charge so much for a book, especially when they pay nothing to the authors.

NIALL QUINN

Clinical Neurophysiology. Edited by COLIN D BINNIE, RAY COOPER, CLARE J FOWLER, FRANCOIS MAUGUIERE and PAMELA F PRIOR. (Pp 572; £85.00). Published by Butterworth Heinemann, Oxford 1995. ISBN 0-7506-1183-9.

This is a book dealing with EMG, nerve conduction, and evoked potentials. It has a companion volume that covers central neurophysiology. The initial technical section is followed by a description of electromyography and nerve conduction studies, much of which is presented in a problem orientated approach which emphasises important clinical topics. The evoked potential section is also organised in a very logical manner and contains a chapter on diagnostic strategies. The book is well illustrated and comprehensively referenced. This is a good reference text, therefore, which combines a clear presentation of basic principles with an emphasis on addressing appropriate clinical questions: a rare combination.

SIMON BONIFACE

Operative Neurosurgical Techniques. Indications, Methods and Results. Third Edition. (Pp 2196, £283.00). 1995. London: W B Saunders Company Ltd. Vol 1 ISBN 0-7216-5542-4. Vol 2 ISBN 0-7216-5543-2. Set ISBN 0-7216-5541-6.

This extensive piece of work edited by Schmidek and Sweet is the 3rd edition of a

classic textbook concerning neurosurgical methods and techniques. The editors have gathered over 240 contributors to address 175 neurosurgical operative topics. The two volumes are subdivided into several sections according to specific concerns of anatomical location, pathology or systems. For example, there is a section for head injuries, lesions of the orbit, pituitary tumours, vascular disorders, functional neurosurgery and CNS transplantation.

Each chapter has been organised in a comparable way addressing the historical, anatomical and pathophysiological concerns before moving on to the general and specific surgical indications, methods and results. Overlap between topics has been kept to a minimum and each chapter is extensively referenced. The illustrations are in black and white, and the graphical illustrations are particularly well represented. The intra-operative images and illustrations generally achieve their objective although it seems that in some case older images have been included which are of poor resolution.

This edition differs significantly from the previous editions to take into account the dramatic changes that have occurred in neurosurgery over the past five years. Endovascular therapies, image guidance technology and magnetic resonance imaging technology have all been incorporated in an effective way. There has been a considerable change in the authorship to accommodate these changes with a greater contribution from outside North America.

My only criticism is that some of the surgical chapters have been written with a very strong personal bias and that the recognised alternatives have not been given a fair airing. Overemphasis on personal series and data makes some of the chapters unnecessarily lengthy. Previous editions of "Operative Neurosurgical Techniques" have been regarded as the gold standard textbook against which others are compared. The 3rd edition is no exception to this and in many ways has been improved on previous editions. These volumes are essential reading for trainees in neurosurgery and is extremely useful as a reference manual to more senior specialists. I recommend this work strongly.

PETER KIRKPATRICK

Cortex Cerebri. Performance, structural and functional organization of the cortex. By O D CREUTZFELDT. (Pp 658 £65.00). Published by Oxford University Press, Oxford 1995. ISBN 0-19-85234.

It is rare for an individual to master even one discipline. Creutzfeldt, however, managed to study three, namely neurology, physiology and philosophy. This left him in a unique position to elucidate brain-behaviour relationships.

Regarding the structural and functional organisation of the cortex, the approach taken here draws strongly on anatomical and physiological studies. A succinct historical introduction is followed by a chapter on the development of the cortex. There follow very good reviews of the structural organisation and neurophysiology of the cortex. Electroencephalography and evoked potentials are considered in detail.

The author clearly favours basic rather

than applied neuroscience: anatomy and physiology are extensively covered. However, reservations are voiced regarding neuropsychology, particularly its ability to elucidate underlying physiological mechanisms, and this is reflected by the sparsity of neuropsychology in the text. In a similar vein, functional imaging is mentioned briefly. There is a very brief section on PET, while I could find no mention of SPECT or functional MRI.

The functional anatomy of sensory and motor areas, the association cortex and the limbic system is covered extensively. Cognition, in particular linguistics and hemispheric specialisation, is addressed. The text is concluded by a chapter which manages to unite Creutzfeldt's neurophysiological and philosophical views.

In addition to demonstrating Creutzfeldt's contribution to neuroscience, this text provides an excellent review of the contribution of anatomy and physiology to our understanding of cortical function, and is highly commended.

JOHN GREENE

Imitators of Epilepsy. Edited by ROBERT S FISHER. (Pp 372, \$64.95). Published by Demos Publications, New York 1994. ISBN 0-939957-56-6.

I must admit to a sly hope that this volume was a historical or literary analysis of "great imitators of epilepsy", perhaps with reference to Dostoyevsky or the like! Students of literature will be sadly disappointed. Dr Fisher's aim in editing this volume was rather to elucidate the differential diagnosis of the borderlands of epileptic phenomenology. To do this what is really needed is an analysis of symptoms that are misinterpreted by physicians or perhaps an analysis of misdiagnosed cases of epilepsy. After all, all physicians can recognise a generalised tonic clonic seizure, or a complex partial seizure with prolonged automatisms and confusion. But what of the patient with dizzy spells and altered consciousness, episodes of brief psychoparesis or tingling in one hand? As episodic phenomena are common not only in most branches of neurology, but in psychiatry, vascular disease and endocrinology, to attempt even a reasonably comprehensive description of non-epileptic attacks is a daunting task.

This volume provides 13 chapters on disorders which produce episodic symptoms, such as syncope, migraine, cerebrovascular disease and episodic dyscontrol. There are useful sections. Dr Fisher's on the use and abuse of serum prolactin estimations is excellent. Many neurologists have suspected for some time that an elevated prolactin level very rarely helps in the diagnosis of epilepsy. Complex and simple partial seizures are frequently unaccompanied by a significant rise and the test therefore has poor sensitivity and specificity except where the clinical diagnosis is obvious. The chapters on electroencephalography and endocrine imitators of epilepsy are also good introductions to the subjects.

Nonetheless, overall I have come away with the opinion that there is too much missing here for a wholehearted recommendation. Real insights from experts in the