
The practice and ethics of publishing are changing. This book, in fact, represents a reprint of two volumes of a journal, Cognitive Neuropsychology, published in 1990 and 1991. In other words, anybody could look these articles up in the library because they are already published material. In the past, once material was published it was reproduced only under special circumstances, such as the historical nature of the document or an anthology selected retrospectively after some time has passed to assess the validity of research. This volume is recently published journal information under hard copy. True enough the information has been selected by an editor and is focused on the topic of neglect, dyslexia, and letter-by-letter reading or what used to be called “visual alexia or pure alexia” and now it is somewhat obscurely renamed “peripheral dyslexia”.

Apart from the above, this edited journal volume has some interesting articles in it. Some of them are reviews, others are new experimental work or single case reports. One such case report (50 pages!) suggests a word centered graphic representation. Most of the material is of relatively little interest to the general neurologists. Some of the experiments are innovative, most of them adapted from cognitive psychology to study single cases interesting to behavioral neurologists, especially to those who work in language related fields, such as alexias, or in the field of neglect. There are a handful of those in Canada who will scrutinize this volume with interest, but I suspect they have seen the articles already. Others might find it interesting because it provides an insight of what cognitive neuropsychology is about in the fairly circumscribed areas of neglect and acquired reading disability.

Andrew Kertesz,
London, Ontario


This book is number 38 in the Contemporary Neurology Series. It is an informative overview of the principles, evaluation and special issues of the elderly.

In Section I, the authors discuss “normal” aging and those variables which may or may not alter with age. Of particular note is the testing and examination which may be difficult because of dementia and impaired vision or hearing. Emphasis is placed on medication history and a number of special issues in examination are noted. One chapter is devoted to normal aging and another to neuropsychopharmacology. This latter chapter includes a section on drug interactions, compliance and side effects.

In Section II, the authors discuss testing and neurological examination, brain imaging in the elderly and the neuropsychological battery of tests useful in the elderly (particularly those used to differentiate Alzheimer’s disease from other forms of dementia or from benign cognitive changes of normal aging).

Section III discusses the differential diagnosis of dementia as well as the pathology and etiology. A chapter is devoted to the important topics of falls and gait, causes of transient loss of consciousness and voiding dysfunction. Two important chapters are concerned with ethical issues and specific disorders in the elderly.

This book is informative, touches areas often neglected in books on dementia and is recommended as an addition for the library of those interested in dementia.

Marian E. Hill.
Calgary, Alberta


This book is authored by Professor Peter Harper and 5 colleagues from the Institute of Medical Genetics in Cardiff, Wales who are internationally known for their experience in Huntington’s disease. It is composed of 12 chapters and 5 appendices covering all aspects of Huntington’s disease, including epidemiology, historical background, clinical aspects and natural history. Particularly extensive are chapters on psychiatric problems, psychosocial aspects, therapy and management. The last 4 chapters are devoted to molecular biology, genetic counselling and the group’s experience and recommendations for predictive testing.

The text is well-written and supplemented with frequent tables and illustrations. An up-to-date, complete set of references is provided for each chapter. Professor Harper provides valuable personal insights into the management of this disorder, as he is the author or co-author of many of the chapters.

This book is an exhaustive treatise on Huntington’s disease, and is superior to other books available at the present time. It provides comprehensive information, as well as personal insights, about the management of this condition. It should be read by all health professionals dealing with Huntington’s disease patients, and is a valuable addition to every neurologist’s library.

Oksana Suchowersky,
Calgary, Alberta


Dr. Stephenson has gathered more than 140 case histories and many well documented polygraphic recordings to illustrate a treatise largely devoted to non-epileptic causes of loss of
consciousness, especially anoxic seizures. The discussion is mainly about children and after reading this book it is easy to feel insecure about the diagnosis of epilepsy for many young patients.

There are 16 chapters and several hundred references including 16 of the author’s own papers that are referred to frequently in the text. The book is easily read. Some of the book is polemic such as the chapter on definitions of various types of epilepsy or the section on febrile seizures. Some is didactic such as the chapter on history taking and some seems out of place such as the chapter on “Funny Turns and Funny Attacks” which briefly describes many disorders from tics to oculomotor apraxia. However most is informative, especially the delineation of various types of syncope with and without anoxic seizures. The careful review of the exact clinical manifestations of anoxic seizures is a highlight. For example we learn that myoclonus in this setting rarely consists of more than six jerks and downbeat nystagmus is common.

The section on the pathophysiology of “vasovagal” syncope is noncommittal about its mechanism. The description of the ocular compression test is clear but the discussion of its specificity and sensitivity as a diagnostic test fails to emphasize many false negatives. For example in one figure notes that 9/39 children with “vasocardiac” anoxic seizures have less than 5 seconds of asystole with the compression test. “Tilt testing” is briefly reviewed and mention is made of the need for further validation of this test in children — a sentiment that I highly endorse.

Throughout the book there is emphasis on the amount of “bad” that results from misdiagnosing anoxic seizures as epilepsy. Through the case histories the fright of parents is well illustrated as they watch these seemingly life threatening events in their children. These two important themes suggest to me that this book should be read by all neurology residents, especially those headed for a career in pediatric neurology. I would like to assign the book to all pediatricians, pediatric dentists and many parents because it so illustrates the final quote from a parent — “Oh, the vagus! Why don’t the doctors know about this?”

Peter Camfield, Halifax, Nova Scotia


This is the second volume in the series, Neurobiology of Hearing. The book brings together the latest neuropsychiologic studies dealing with the central auditory system. It is written by the foremost investigators in this field. The book chapters are arranged on an anatomic basis. There is an initial overview of the entire central auditory system. Subsequent chapters focus on specific levels, starting with the cochlear nucleus and ending with the auditory cortex. At each level there are chapters dealing with anatomy, neuropharmacology, functional physiology, and developmental biology. Interaction between levels receives appropriate emphasis. The final chapters address issues of clinical significance such as auditory brain stem response measurement and cochlear implants. The editors and authors have achieved their goal of producing a comprehensive and current reference for advanced students, researchers, otolaryngologists, and audiologists.

Barry P. Kimberley, Calgary, Alberta


This is the second edition of this text, with co-authorship by Allan R. Berger replacing Peter S. Spencer. This book remains the well organized, readable and definitive “short text” of peripheral nerve disease despite being exactly 100 pages longer than the previous edition. The additional pages are well spent and the result is more comprehensive and informative with new sections discussing HIV-related peripheral neuropathies, Lyme Borreliosis and rehabilitation. The section on Laboratory investigation has been placed earlier and follows a new section entitled “Diagnosis and Assessment”. In this section the authors have outlined a helpful diagnostic alogorithm and suggestions for the work up of neuropathy. This section is particularly welcome and not to be found from other sources. The authors’ reminders that careful electrodiagnosis should always precede consideration of biopsy is worth emphasizing. Illustrations of nerve pathology and abnormal electrophysiology are limited, but the attempt is to reduce the number of pages. In most chapters the reference list is considerably more comprehensive than in the previous edition (e.g., diabetic neuropathy 36 references to 66 references). The tables in the new edition are also easier to read.

The information in this book is largely mainstream and accepted by most workers in peripheral nerve disease with some exceptions where controversy exists. For example, some readers might argue with the assertion that carpal tunnel syndrome surgery should be deferred following attempts at corticosteroid injection. The section on toxic neuropathies from pharmaceutical agents and occupational, biological and environmental agents is helpful and comprehensive. The inclusion of some neuropathies in a list entitled “Rare or Poorly Validated Neuropathies” is somewhat arbitrary and a different title for this section might have been considered. The use of the term “myelopathy”, (used inconsistently in the text), although technically correct leads to confusion and many would prefer “primary demyelinating”. The authors have now designated chronic inflammatory demyelinating polyneuropathy by its more recognized short form CIDP rather than CIP or CRIP in the old edition. The classification of peripheral nerve disease by Victor and Adams in “Principles of Neurology” has advantages over the classification in this text because it is more approachable by clinicians. In spite of this, the text is an excellent choice. For more information about electrophysiologic findings or the basic science side alternative sources would be required.

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