EEG, for example, the interictal recording is normal in approximately 40% of children with seizures. The use of the EEG in diagnosing pseudoseizures would have been a helpful addition. The chapter on evoked potentials (3) might have indicated that VEP's, using patterned stimuli, are useful in the assessment of visual function in the at risk infant and that BAEP's are abnormal in tumors of the cerebellopontine angle and are useful in the assessment of brainstem function in the comatose patient, as the recording is unaffected by level of consciousness or drugs. Finally, recent data suggest serial SEP's are the most reliable indicator of neurological outcome following neonatal hypoxic ischemic encephalopathy. Chapter 4 suggests that skull x-rays may be helpful in assessing trauma in child abuse when in fact the radiograph may be normal with a severe underlying brain injury. MRI is suggested for the investigation of tuberous sclerosis, but as correctly pointed out in a later chapter, the technique is not capable of imaging parenchymal calcification. Arachnoiditis although rare, should have been listed as a complication of myelography. Table 4.2 might have listed tuberous sclerosis along with Friedreich's ataxia as a condition diagnosed by echocardiography, especially in the fetus at risk and the young infant. Many would take issue with the author's almost exclusive use of needle biopsy (see Chapter 7), as that technique is more likely than an open biopsy to produce insufficient tissue for the many histological and structural studies that are usually required. In addition to the indications for the anticonvulsant drug monitoring in Chapter 11, it would have been interesting to learn the author's approach to routine screening for adverse reactions to antiepileptics. Chapter 23 might have suggested the indications for performing a CT in a child with headaches. For example, I worry when headaches awaken a youngster during sleep! Finally, the diagnostic approach to Lyme disease and multiple sclerosis would add to the comprehensiveness of the book.

The handbook is concise and well-written. There are many useful "pearls" throughout. For example, the authors indicate that if an obtunded child flexes to a painful stimulus, rather than localizing the source of pain, the intracranial pressure will likely be increased and a lumbar puncture may be hazardous. The handbook will be particularly useful for the work-up of a child with a "diagnostic dilemma" as it provides a rational investigative approach to the difficult neurological problem.

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DISORDERS OF MOVEMENT. CLINICAL, PHARMACOLOGICAL AND PHYSIOLOGICAL ASPECTS. 1989. Edited by N.P. Quinn and P.G. Jenner. Published by Harcourt, Brace, Jovanovich (Academic Press). 567 pages. $70 Cdn. approx.

This book was compiled as a tribute to David Marsden marking his appointment to the Chair at the Institute of Neurology, Queen Square. It is a presentation of present day concepts of clinical and treatment approaches to movement disorders based on the remarkable advances which are being made in understanding their pathophysiology, neurochemistry and pharmacology. The authors, based in clinical and neuroscience centres around the world, have virtually all been skilled in their approach to movement disorders by David Marsden, or have collaborated with him in research enterprises. The editors have done a remarkable job in integrating their contributions into an attractive, readable and instructive volume.

The first and largest section of the book deals with Parkinson's disease. Each of the 16 chapters are well written and interesting with very little overlap of information. The section opens with a brief but provocative article by Duvoisin entitled "Is there a Parkinson's Disease?" and then proceeds to review current concepts of the pathology, pathophysiology and etiologies of Parkinsonian syndromes. These are followed by several chapters which evaluate the various pharmacological and other current or potential treatment approaches, including neural transplantation.

The second section deals with the pathophysiology and management of dystonia syndromes. Particular attention is paid to the cranial dystonias and spasmodic torticollis. These chapters are informative though perhaps less well interpreted than those concerning Parkinsonianism.

The brief third and fourth sections concern neuroleptic-induced movement disorders and other movement disorders including myoclonus, chorea, tics and tremors.

Overall, this is an excellent book to update clinicians on an important field of neurology. In accomplishing this the editors have more than achieved their goal of underlying the important contributions which Marsden and his colleagues have made to our present understanding of movement disorders.

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