Unfortunately, I found Iaccino's writing style ungraceful and sometimes unclear. The word "basically" appears so frequently, for example, that it becomes distracting. Occasional forays into mysticism and religion seem out of place.

These criticisms aside, this book will prove useful to those seeking an introduction to the differences between the hemispheres and is worth its modest price.

Andrew Kirk
Saskatoon, Saskatchewan

CONTRIBUTIONS TO NEUROPSYCHOLOGICAL ASSESSMENT. 2nd Edition. 1994. By Arthur L. Benton, Abigail B. Sivan, Kerry deS. Hamsher, Nils R. Varney and Otfried Spreen. Published by Oxford University Press. 159 pages. $C34.95

This second edition, like its predecessor, will be an invaluable clinical manual for many neuropsychologists and neurologists interested in cognition. Each of the twelve chapters describes a clinical test developed by Professor Benton along with his colleagues during his long and productive career. Although there is a new author (Sivan), no new tests have been added since the 1983 edition.

The same format is followed as in the previous work. Each well-written chapter begins by presenting background information on the ability in question. The clinical test is then described along with instructions for administration, recording, and scoring. Observations in normals and in patients with brain disease are presented for each test and the main advantage of the new edition over the old is the thorough updating of this information. In particular, normative data are presented, where available, on children, the elderly, patients with psychiatric disease, and patients in different ethnic groups. Important investigations using the tests are cited. In many cases these observations are new to the present edition. About one third of the references are new.

Many of the tests described in this volume, such as the Judgment of Line Orientation and Facial Recognition tests, have become standard neuropsychological instruments. While this book is an indispensable guide to using these tests, it is important to be aware that the test materials needed for their administration are sold separately. If you use any of these tests in your clinical or research work, particularly if you assess children or the elderly, you will find this second edition useful.

Andrew Kirk
Saskatoon, Saskatchewan

PHOTOSENSITIVE EPILEPSY: CLINICS IN DEVELOPMENTAL MEDICINE NO. 133. 1995. By Graham F. Harding and Peter M. Jeavons. Published by Cambridge University Press. 182 pages. $C78.00

Recently I was called by a school nurse. The school had installed a new fire alarm system which makes the usual buzz plus a flashing light to warn the deaf. "Was this risky for children with epilepsy?" she asked. This new edition of a classic monograph is full of useful information which prompted me to ask a few important questions about the frequency and intensity of the flash and then advise that the concern would be reasonably low. A blue flash would have been preferable.

If you run an EEG laboratory, record EEG or read EEG, you should read this book. Its greatest strength is the description of technical details that determine the effectiveness of strobe flash and/or patterns to elicit a photo-convulsive response. Frequencies of flash, intensity, distance from the lamp, diffusion, superimposed pattern, eyes closed vs. eye open and background illumination all have a significant effect. Various EEG machines come with various photic stimulators. Does your lab "flash" optimally?

Photosensitivity has been a major passion for the authors for several decades. They have seen many patients and published many papers. Each of the clinical studies that they summarize in this monograph involves different numbers of patients with different inclusion criteria. These details often make the clinical sections hard reading. The best parts of the clinical descriptions are a series of pearls that are interspersed in the text. For example, we learn that monocular stimulation will eliminate a photoconvulsive response in most but not all patients. For those that are sensitive to monocular flash, the intensity of the stimulus must be higher than with binocular activation and one eye may be much more sensitive that the other. The treatment implications are clear – a light occlusive patch or hand is helpful for certain situations.

At the time of the first edition, television was a problem. Since then many adults spend hours in front of video display units (translation, computer screens) and children spend days glued to video games. Provoked seizures are increasingly noted. The authors review this new literature and describe their 19 cases. Manufacturers of video games now print warnings for people with epilepsy which strike fear in hearts of parents. When is it safe for the child (especially boys) with photosensitive epilepsy to play these games? The children view any restrictions as the end of the world. With the data presented, it is possible to develop a reasoned and individual approach based on the type of EEG abnormality, treatment response and environmental manipulation to lesson risk. Valproic acid appears very effective.

There is a good section on "sun" glasses for people with photosensitive epilepsy. Darkened glasses do not do the job but polarized lenses may be of great help. The authors describe an ingenious set of "spectacles" with built in lights that keep the background lighting constant. Apparently the success of valproic acid, plus judicious covering of one eye have been so successful that commercial development of the glasses was not pursued.

I found the chapter on prognosis of photosensitive epilepsy disappointing. There is confusion between persistence of epilepsy and persistence of EEG photosensitivity. Apparently the authors stop a trial of medication withdrawal if EEG photosensitivity returns. It is unclear if this is a valid approach.

If you read the first edition, should you read the "new" edition? Yes. If you didn't read the first edition and you care for people with epilepsy should you read the new edition? Yes.

Peter Camfield
Halifax, Nova Scotia

THE EVALUATION AND TREATMENT OF MYOPATHIES. 1995. By Robert C. Griggs, Jerry R. Mendell, Robert G. Miller. Published by F.A. Davis Company. 510 pages. $C180.00 approx.

This book provides a practical approach to the evaluation and treatment of myopathies. It is divided into three parts; the approach to the patient with muscle disease, the specific myopathies and the clinical management.

The chapter of the evaluation of the patient with myopathy is clearly written and directly applicable. Tables provide easy reference for a differential diagnosis of a symptom, sign or symptom complex. The colour illustrations complement the text and are selected to show, for example, action and percussion myotonia or the facial features of different myopathies. There is a clear, well illustrated section on electrophysiological testing and skeletal muscle biopsy. Genetic evaluation, explained in a straightforward