humans. They are all lumped here under the category of psychomotor epilepsy. Many persons would take exception to the term psychomotor epilepsy if applied to some of these cases that do not have any motor component in their seizures. Tentatively, "temporal lobe" seizures would be a better term under which to include all these phenomena until more is known about their exact locus or interrelated locus or origin. Anterior temporal focus is found in psychomotor cases by the authors in 30 per cent of the time in waking and in 88 per cent of the time in sleep. Other workers, in large series of similar cases, have shown a focal temporal pattern not of one kind (sharp spikes) but of different kinds 80 per cent of the time in *waking*.

Introduction of sleep study by the authors to activate inherent abnormal pattern is new and fortunate. Sleep is exclusively useful in electroencephalographic diagnosis in some cases, but often it is not any more helpful than when an adequate time for a waking record is allowed (30 minutes to one hour and a half). This does not certainly make sleep study unnecessary. If the waking record is unproductive or impracticable or only faintly helpful, focally or generally, a sleep study should be undertaken, but to omit waking for sleep

study, as is the custom in some laboratories, is unjustifiable and often unnecessary. If desired, some sort of compromise program can be planned on the basis of findings in waking and balance of available time for sleep study. And this can be done when it is remembered that more often than not the first 10 to 20 minutes of sleep are probably more important than its later stages.

The specificity of 14 and 6 per second positive spikes seen in sleep as being signs of thalamic and hypothalamic epilepsy can be seriously questioned on at least two grounds. First, they are seen, according to author's own description in heterogeneous clinical conditions (see table 55, p. 330, also p. 329). Second, they have rarely been seen by others in *waking* in so-called "cortical" epilepsy.

The concluding chapters on medication and surgical ablation of seizure foci will be considered highly valuable. The lead given on the latter subject by Penfield and his colleagues has been acknowledged.

These beautifully printed and bound monographs represent an outstanding addition in the fields of electroencephalography and epilepsy and should stimulate and challenge all those who are interested in these subjects.

B. K. B.

CORRECTION

The Table of Contents of the March 1954 issue of *NEUROLOGY* listed erroneously the title of a paper by Dr. Hildred Schuell. The correct title is "Clinical Observations on Aphasia."

On page 244, the correct title of Dr. Bertram E. Sproffkin's paper is "Cheiralgia Paresthetica" (Wartenberg's Disease).

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Correction

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