

The second assumption refers to a consideration of the purely instrumental aspects of vision and in no way limits or cancels the third assumption for which they offer purely functional justification such as dissociation, quoting Riddock's view "that there is an order of fragility for visual functions, rather than a separate localization". Thus, this work lends evidence to the generalization that functions are globally disturbed while tissues are locally disturbed.

Fourth, they assume that several different means exist to explain the preservation of central vision when the visual field is severely decreased. This ties the other assumptions together in that while a field defect may tend to interfere with central vision due to retinotopical arrangements, nevertheless vision is endowed with such potentials as being able to utilize a "pseudo-fovea", or extinction and completion phenomena, or an anatomically based incongruence between monocular fields, or the lower vulnerability of central fields than peripheral fields, or the better vascular supply to cortical "macula", in order to preserve central vision.

Besides the neuro-ophthalmological significance of the evidences offered, the book conveys findings of a more general interest to the student of brain injuries at large. Thus, one learns that the functional defects resulting from gunshot wounds showed a "remarkable persistence". It is precisely this residual and lasting nature of cerebral symptoms which offers the optimum material for the study of cerebral localization. Moreover, the authors sharply distinguish between the functional defects resulting from brain lesions and their positive effects (*i.e.*, visuo-spatial disorders, visual fits, and the persistence of alterations of visual functions), thus reaffirming one of the basic principles of Jacksonian neurology which was used here for the first time for an analysis of visual disturbances resulting from brain lesions.

The results reported in this book have been obtained by study of human material resulting from wounds incurred in the second World War and in Korea and constitute a reaffirmation of Goldstein's work and conclusions reached by the investigation of similar cases observed during the first World War.

The book, therefore, has in addition to the factual data presented and conclusions reached, an historical interest.

It is appropriate then that this book was dedicated to Kurt Goldstein on his eightieth birthday since much of this work is a further clinical justification of his views on local adaptation and plasticity of the relationship of the visual field to its anatomical substrate (pseudo-fovea).

This small book is a bright departure from hitherto published works in this field and should stimulate a wider effort along these lines, *i.e.*, to "synthesize neurology and psychology".

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Continuous Recording and Control of Ventricular Fluid Pressure in Neurosurgical Practice.
NILS LUNDBERG. Acta Psychiat. et Neurol. Scand. Suppl. 149, vol. 36, 1960. Copenhagen, Ejnar Munksgaard, 193 pp. Paper. 30 swed. crowns.

By means of an intraventricular plastic catheter, a string gauge pressure transducer and an ink-writing potentiometer recorder the author has studied the intraventricular pressure in 64 patients under varied conditions over a period of several weeks. Three types of spontaneous pressure fluctuations were found to occur:

A. Large plateau waves of 50-100 mm. Hg. amplitude and 5-20 minutes duration always associated with intracranial hypertension and thought to be related to ventricular obstruction of some type.

B. Rhythmic oscillations just discernible to 50 mm. Hg. pressure occurring about every minute and lasting 1/2-2 minutes, probably due to variations of blood pressure within the cerebral vascular bed and to periodic breathing.

C. Oscillations at 6 per minute up to 20 mm. Hg. pressure probably related to variations in systemic arterial pressure.

Many illustrations of these various types of oscillations are presented. Their clinical and physiological significances are discussed.