

description is quite concise and may not fully satisfy the learning needs of a new learner or the depth of knowledge required for the board examinations.

A suggestion to improve future editions is to add magnetic resonance imaging sections of the central nervous system with identification of the landmarks, considering that the readers in clinical neurological sciences are expected to be familiar with the anatomical structures on the scans.

In summary, this pocket sized neuroanatomy book has a user-friendly format with color-coded illustrations at a reasonable price and is useful as a companion to clinical neuroanatomy textbooks for medical and anatomy students, residents or graduates of neurology and neurosurgery and for board review purposes.

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CONTROVERSIES IN SPINE SURGERY. BEST EVIDENCE RECOMMENDATIONS. 2010. Edited by Alexander R. Vaccaro, Jason C. Eck. Published by Thieme Medical Publishers, Inc. 279 pages. C\$145 approx.

Rated ★★★★★

The editors of this book have collected the most important controversies affecting spine surgeons and their patients. The authors contributing to this work span the world and represent some of the leaders in their respective fields of spine surgery. Despite this collection of multi-disciplinary physicians, ranging from orthopedics, neurosurgery and rehabilitation medicine, each chapter approaches a given topic with a systematic review of the current literature. Each article is graded according to a system, which is well laid out in the first section of the book. The authors select pertinent questions facing the clinicians and provide their recommendations. Each reader, from the novice to the seasoned expert can review at a glance the evidence and strength of each recommendation.

The sections of the book cover topics from trauma, degenerative, technology and infection. The selection of controversies within each section is tailored and seems to be comprehensive and clinically relevant.

The trauma section includes the management of various fractures like the odontoid fractures seen with a high incidence in trauma patients. Other difficult topics in management of trauma patients include facet fracture and dislocations. The editors have selected not only surgical management topics but also issues of clearing the cervical spine. This latter is useful to review by any physicians dealing with trauma patients. Other very relevant topics span use of steroids and timing of intervention. Overall the topic of trauma is well covered and has a very high degree of clinical relevance to spinal trauma patients.

The section on degeneration covers selected topics of cervical spondylotic myelopathy, adjacent level degeneration, low grade

and high grade spondylolisthesis, lumbar degeneration and back pain. The challenge with this section is limiting the topics that can be covered. The editors have chosen wisely in my opinion, but have enough material left over for future editions. Spine surgeons will definitely appreciate the topics chosen in this section and have a major impact on their practice by reviewing the current state of the literature.

The section on technology is probably the only disappointment in this book. I would have preferred to see a section covering oncology. This would have continued the thematic organization of sections into pathologies. The topics chosen for this section are very good but can be re-organized into the other sections, thus avoiding the void created by not having cancer topics.

The last section on infection offers high impact information, that spinal surgeons can take to their respective practice.

Overall this book is well structured and organized, the topics are extremely relevant and can provide information to a wide range of readers. A wide audience can benefit from reading this book, not only the types of clinicians, but the level of expertise for each specialist. The novice will learn basic principles in management of the spinal patient and the expert can identify areas of weakness in the literature where they would like to contribute. I look forward to reading the future editions of this book.

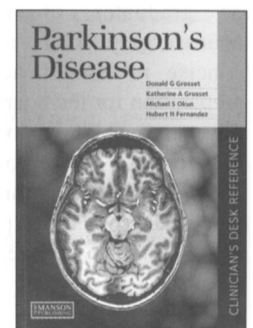
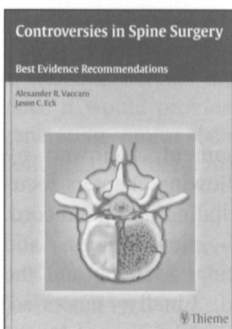
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PARKINSON'S DISEASE. CLINICIAN'S DESK REFERENCE. 2009. By Donald G. Grosset, Katherine A. Grosset, Michael S. Okun, Hubert H. Fernandez. Published by Manson Publishing. 176 pages. C\$65 approx.

Rated ★★★★★

This handsome book tackles all aspects of Parkinson's disease (PD) from epidemiology (Chapter 1) to complementary and alternative medicine (Chapter 12). The lead authors include well-known, expert clinicians from the United States and the United Kingdom. The book is enhanced by additional input from other physicians and clinicians with specific areas of expertise. The latter includes occupational and physiotherapists (Chapter 9) as well as speech and language pathologists and therapists (Chapter 10). A plus is the inclusive nature of the authorship. Moreover, including both a North American and European perspective is welcome. Additional representation from other, perhaps not as wealthy, regions might be a worthwhile addition to future editions.

The text covers typical topics, including diagnosis and treatment (non-surgical, Chapter 4, and surgical, Chapter 6) but additionally there are chapters on the role of the nurse practitioner/physician assistant (Chapter 8) and another chapter on malnutrition and related disorders (Chapter 11). Chapter 8 has some redundancy in that it covers aspects of therapeutics that are already considered in other chapters to some extent. Use of vitamin D and



calcium in a population at-risk for falls could have been specifically discussed in the nutrition chapter.

The chapters on clinical diagnosis (Chapter 2) and diagnostic testing (Chapter 3) were very well written and illustrated. It is here that non-Parkinson's disease diagnoses are considered. The color images are bright and informative. As expected from a group of excellent clinicians on top of their field there is coverage of non-motor aspects of Parkinson's disease (Chapter 5) and suggestions for their management. The point-form based recommendations are practical, though recently published evidence based guidelines are not addressed.

There is a section on clinical scales (Chapter 6) that completes the book. Non-motor and motor assessment scales are included, including the familiar Unified Parkinson's Disease Rating Scale (UPDRS). One might quibble with leaving out the Montreal Cognitive Assessment Scale (www.mocatest.org), which recent literature suggests is useful in Parkinson's disease patients. A number of other instruments have been developed and will likely supplant the MMSE, which is insensitive to early cognitive change in PD. Though referenced, a more important omission in my view is leaving out the Non-Motor Symptom questionnaire, which can be used to identify non-motor symptoms. Readers should be aware that a new version of the UPDRS has been validated, but is acknowledged that the extant literature generally applies the standard UPDRS.

Rather than a detailed reference list, a list of selected references is presented under a "further reading" heading. The references include recent and classic important articles, with some quoting of the authors own studies. I think this is a practical approach, albeit less comprehensive than a complete list of references. Recently developed AAN and EFNS guidelines and the Cochrane databases should have been quoted here and addressed. These could be listed in an appendix, which would improve future editions.

As noted above publication delays inevitably leads to omissions based on newly published materials. For example, the recent clinical trial of memantine in Parkinson's disease with dementia and dementia with Lewy bodies was likely not available when the book went to press. The statement that "oestrogen replacement therapy (ERT) may be a reasonable protective strategy..." is premature based on the data presented and in the literature. I realize that they are not saying to put people on estrogens, but this needs further evaluation given the known risks of estrogen therapy. The non-PD literature suggests that the risks outweigh the benefits of estrogens. This highlights the need for systematic use of the literature.

I think this is an interesting book, which I enjoyed. The target audience might include anyone taking care of a significant number of patients with Parkinson's disease or with an interest in learning how to do so. As such it would be of interest to all clinicians, including fellows, nurses and therapists. Some of the therapeutic suggestions also might be applied to non-PD parkinsonian disorders. I would have liked to see these included in the book in greater detail since the reality of a clinic with parkinsonism includes a spectrum of patients with PD and non-PD parkinsonism, including MSA and PSP. The book is fairly large, but not thick, so it could certainly sit on a desk, or on a shelf, but not in a pocket. I found that there was a personal flavor to the recommendations, which I enjoyed given that the writers are experienced practitioners. A searchable CD and/or pda version would have made this more useful for the real-world clinical use.

Overall, I would recommend the book. I've donated my copy to our clinic. I expect that it will be frequently used by medical trainees as well as other staff. I think this could serve as a reasonable introduction to PD and its management for anyone interested in the care of PD patients, including residents.

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LEFT NEGLECTED - A NOVEL. 2011. By Lisa Genova. Published by Gallery Books. 327 pages. C\$30 approx.

Rated ☆☆☆

"Can you squeeze my hand?" asks the woman's voice. I squeeze, but I don't feel a hand in my hand. "Can you squeeze your other hand?" I don't understand the question.

And so Sarah Nickerson awakens in the ICU with left hemispatial neglect, no longer understanding that she has a left side. Lisa Genova's second novel tells the story of an overextended woman whose career seems more important than her children. When she crashes her car while using her cell phone, that career is over and she must re-examine her life and the unfamiliar half-world she now finds herself in.

The arc of the story is a familiar one (picture George Banks learning that he should spend more time flying kites with his family except that here the part of Mary Poppins is played by a traumatic brain injury). Nevertheless, this is still an interesting read, given the unique twist of giving a character neglect. Genova is a neuroscientist whose first novel, "Still Alice," depicted a woman struggling with dementia. In "Left Neglected," she's done her research and paints a believable picture of what living with neglect must be like. Since the story's told in the first person, Sarah sometimes displays more insight into her problem than we might expect.

Neglect is an endlessly fascinating condition I never tire of facing clinically. I still grapple with the idea of what it must be like to live in a leftless world where even one's own imagination is halved. I'd recommend this novel to trainees who want more of a feel for neglect and who need to get beyond the, "Well, of course she can't draw the left side of the clock, she can't see it," level of misunderstanding. I suspect that it would also be helpful for the families of people afflicted by neglect.

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