

almost inevitable behavioural disruptions in chronic dementias is essential, as that of the geriatrician in assessing and managing an often-complex medical background to dementia in the aging.

The occurrence of an incipient dementia commonly introduces extraordinary, often subtle, evolving and persisting psychosocial stresses within families. This has been brought to the fore by lay societies that have emphasized education and counseling, but particularly the need for assistance in accessing the myriad of social agencies, some culturally specific, that must be involved. This has become a major aspect of dementia care and has been taken up by social workers, nurses and lay counselors. The definition of dementia implies a disability that impacts on social and occupational functioning and the characterization of a dementia often requires assessment of these aspects, some of which are best conducted by occupational therapists. Buried in this veritable army of professionals is the family physician, often the first to identify the problem. He/she will participate in some of the arrangements for care especially referral to medical subspecialists for intervening medical disorders that can aggravate the dementia.

As advertised, "Diagnosis and Management of Dementia – A Manual for Memory Disorders Teams" is a unique and timely book. The editors and contributors are drawn from the several disciplines concerned with the diagnosis and management of dementia and represent centres in Europe and North America and in one case Australasia. Succinct chapters discuss all aspects of establishing and organizing a memory clinic, including arrangements for research; as well as the diagnosis of dementias and their management with particular attention to the social dimensions. A "clean-up" chapter on common problems provides an excellent discussion on ethics, including discrimination against the demented or "dementiaism". Chapters are jointly written by two or more authors and in the spirit of the variants in the memory clinic model, each is by experts not only from different countries but different disciplines, reflecting various perspectives. Readers will also approach this book from many perspectives. The traditional neurologic aspects are limited, a comment other disciplines could undoubtedly make with reference to topics covered in their fields. Neurologists will feel uneasy in the absence of epidemiology and pathology; however, there is repeated reference to the need for pathology and brain donation, an absolute for progress in understanding of dementias in this reviewer's opinion. In a handbook, it might be helpful to have a description of a screening neurologic exam that is likely to be taken up by geriatricians and psychiatrists as well as description and assessment of motor, behavioural ("environmental dependence" etc.) accompaniments and the so-called primitive reflexes. The neurology chapters were written before the recent developments in genetics of the frontotemporal dementias. Diagnostic procedures for a couple of the rarer secondary dementias are dated.

In general, the editing has been excellent. Chapters are well directed to the object of the book with good cross-referencing. There is a fair amount of repetition, which served to emphasize the importance of aspects that neurologists tend to ignore. There is reference at the beginning of multiple chapters to the incidence of dementia.

I found a great deal that was of interest in this book, excellent succinct discussion of the many aspects of dementia and its care that were familiar to me as well as aspects new to me, soundly-based opinion (for example, on the use of imaging), ideas and references of interest and wisdom. Perhaps unusual for "manuals" which

usually comprise delivered wisdom and rules, this one raises important questions in all aspects of the care of the demented. Clearly, there is no right way for everyone and everybody. For example, the chapter on neuropsychologic testing outlines several approaches to testing. The memory clinic model depends on important collaborations with the inevitable give and take and organization and is intuitively the optimal model for care. It is expensive for what some of my colleagues working in the developmental phase of life have referred to as "end-stage brain disease". Politicians and administrators concerned with costs of health care have already begun to look to cheaper ways involving fewer disciplines and the case of cost-effectiveness will need to be made.

An appendix is included that consists of a survey of the clinics in which the collaborating authors work. After reading the book there were few surprises in the results of this survey. Some clinics see a very large number of patients, assessments may be extensive and time-consuming and regular follow-up, which in my experience is critical, seems quite variable. An assessment of the various memory clinic models would be of interest. This is a superb book that I strongly recommend to neurologists who see dementias but also to anyone involved with the diagnosis and care of the demented. Policy-makers would benefit greatly from it. The editors are to be congratulated.

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SPINAL CORD MONITORING: BASIC PRINCIPLES, REGENERATION, PATHOPHYSIOLOGY, AND CLINICAL ASPECTS. By Erik Stalberg, Hari Shanker Sharma, Yngve Olsson, eds. Published by Springer-Verlag Wien, New York. 525 pages C\$279.72 approx.

Electrophysiological monitoring of the spinal cord by motor and somatosensory evoked potential techniques is a valuable adjunct which enhances the safety of complex neurosurgical and orthopedic spinal procedures. The book "Spinal Cord Monitoring" by Stalberg, Sharma and Olsson seeks to integrate basic aspects of spinal cord injury investigation and pathophysiology with clinically applied aspects of intraoperative spinal cord electrophysiological monitoring. The editors include a clinical neurophysiologist, neuroanatomist/cell biologist, and a neuropathologist, all of whom are based at Uppsala University, Uppsala Sweden. The chapters have been contributed by a multidisciplinary, international group of basic and clinical investigators.

The book is divided into six sections which review: a) the neurochemistry and vascular pathophysiology of the spinal cord; b) selected aspects of spinal cord repair and regeneration; c) selected novel techniques to record spinal cord bioelectric activity; d) the relationship between changes in bioelectric spinal cord activity and pathophysiological derangements after traumatic spinal cord injury; and e) and f) the application and interpretation of spinal cord monitoring to clinical practice.

The task of integrating the above topics is a challenging one and the book exhibits some of the problems inherent to multi-authored texts. Although not entirely successful in providing a seamless integration of basic and applied research, this book is worthwhile reading for clinical neurophysiologists and evoked potential

technologists involved in intraoperative spinal cord monitoring.

Overall, I would recommend this book for purchase by neurosurgical or orthopedic departments who are engaged in intraoperative spinal cord monitoring.

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LUMBAR DISC HERNIATION. 1999. By Franco Postacchini. Published by Springer-Verlag Wien, New York. 623 pp. C\$442.52 approx.

Professor Postacchini is an orthopedic surgeon actively practicing at the University La Sapienza in Rome, Italy. In this self-authored book, he provides an exhaustive review of all aspects of degenerative lumbar disc disease. A glowing forward is narrated by James N. Weinstein.

The book appears to be well organized and the chapters are well planned and laid out. Chapter 1 addresses the historical aspects of lumbar disc disease. Subsequent chapters cover anatomy, biochemistry, biomechanics, pathophysiology, epidemiology, clinical presentation, diagnosis, treatment options, and outcomes. Chapter 24 completes the publication by reviewing professional liability. The amount of information contained in each chapter is often overwhelming. Clearly, much attention has been paid to providing a complete review of all pertinent publications. With a few exceptions, most chapters cite between 100 - 200 references and contain, on average, over 20 figures each. The text appears to be written in an objective fashion. Illustrations and figures are graphically descriptive, clearly reproduced, and pertinent. The index is cross-referenced, concise, and easy to use.

Passing consideration is provided to the patient with "discogenic" back pain and the potential indications for fusion. A brief introduction is provided for the various ALIF and PLIF procedures, but no mention made of their as yet, contentious outcomes. Quite understandably, this information is outside of the scope of this book.

In criticism, the English translation is occasionally problematic. In most instances the correct interpretation is immediately apparent to the reader, but at times confusion can arise. For example, the term "vertebral foramen" is used to indicate the spinal canal rather than the nerve root foramen, as one might more readily expect. Concavity and convexity are juxtaposed in reference to sacral anatomy. The term "backwards" is confusing and would be better replaced with inferior or posterior as appropriate. The section on historical perspectives reads a bit sterile, with often stark details lacking colorful background information pertaining to that period of history. In the section describing nerve root anomalies, MR anatomical correlates would be more helpful than myelographic findings.

In summary, Lumbar Disc Herniation by Franco Postacchini is the definitive reference text for degenerative conditions affecting the lumbar disc. This publication is comprehensive and provides meticulous detail in essentially all aspects of disc disease. For primary care physicians the book could serve as a useful reference tool in exploring rationale and methodology behind both non-surgical and surgical options for patient care. For the average neurologist and neurosurgeon, this book is not likely to change

present practice patterns. However, for the spinal enthusiast, this work provides an entire library (on a relatively narrow subject) at one's fingertips. No spinal reference collection will be complete without it.

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CASE STUDIES IN NEUROSCIENCE. 1999. By Ralph F. Jozefowicz, Robert G. Holloway. Published by F.A. Davis. 230 pages C\$59.13 approx.

This small, well-organized book will be useful to medical students and other health care professionals in training, as well as to those who teach them. It presents a series of case studies that cover a broad range of neurological topics.

Each chapter begins with definitions of key terms. This is followed by a case history and a description of the clinical examination. Diagnostic studies are presented that aid or help confirm the diagnosis. Once students have digested that material they are then presented with a series of questions designed to emphasize key points of anatomy, physiology, clinical presentation, diagnosis and management. Each question is then answered briefly and clearly.

While this book could be used in a variety of ways, its greatest utility may be in small group teaching that would allow the active engagement of the students by teachers. I expect there will be a tendency for students to cut to the answers too early in the course of case presentations, but by having teaching sessions structured around these cases, the teacher can add personal knowledge to the exercise. It will also be useful for students to help them consolidate their knowledge of basic and clinical sciences by relating them to actual case studies.

As with most medical publications price may limit the acquisition of this book, particularly when there are so many choices currently available.

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ATLAS OF PERIPHERAL NERVE PATHOLOGY. 1999. By Rosalind King. Published by Oxford University Press, Canada. 216 pages C\$248.00 approx.

This is an elegantly produced book with excellent light and electron microscopic pictures. The sections on preparation and artifacts deserves special mention for it should be of use to anyone involved in the processing of peripheral nerve and electron microscopy. Although not every disease is included in this atlas, it covers a wide range of normal microscopic anatomy of peripheral nerve, its ultrastructure and pathology. Some nonspecific changes are overemphasized for no apparent reason. There are redundant illustrations of fenestrated capillaries, regenerating clusters, vesicular myelin and minor perineurial changes. A greater criticism is focused on the importance given to endoneurial lymphocytic infiltrates for the diagnosis of CIDP. Many authors have pointed out that often endoneurial inflammation is not demonstrable in peripheral nerve biopsies in patients with proven CIDP. Some outdated information is conveyed under the rubric of perineuriosis.