

medical management, community and institutional management, and ethical and legal issues. The format is attractive with numerous boxes and tables to assist in organising the information. Important points in the text are bulleted. The authors of the individual chapters include many prominent workers in the field. The book is authoritative but remains very readable. It is not encyclopedic but focuses on the most important concepts and developments in the study of Alzheimer's disease. It is well-referenced and an exploration of these references will expose the interested reader to the breadth of recent advances in our understanding of Alzheimer's disease.

A sampling of the content in the Medical Management section begins with a chapter on Mood and Behaviour Management. Introductory comments address the alterations of pharmacodynamics in the elderly. Next follows an approach to assessment and management of depression in patients with Alzheimer's disease. Nonpharmacological management is discussed including insight-oriented psychotherapy or cognitive therapy strategies for mildly impaired individuals and behavioural strategies for more severely impaired patients. Information is presented regarding the selection of the most appropriate cyclic antidepressant, properties and selection of the various SSRI antidepressants, atypical agents and MAO inhibitors, selection of patients for ECT, duration of treatment and how to approach the patient who fails to respond to treatment.

Similarly, behavioural disturbances such as delusions, hallucinations, misidentification, wandering, insomnia, agitation and aggression, catastrophic reactions, eating disorders and disruptive vocalizations are dealt with in terms of nonpharmacological approaches and pharmacological treatment with antipsychotics, benzodiazepines, antidepressants, mood stabilizers, beta blockers and cholinergic agents. Specific applications for the different classes of medication are discussed. Where available, results of controlled clinical trials are outlined.

Subsequent chapters describe symptomatic treatments including cholinergic agents; stabilization approaches or disease modifying agents; and treatment of associated medical conditions and complications. The second edition discusses the role of antioxidants, anti-inflammatory drugs, MAO-B inhibition, estrogen replacement therapy, neurotrophic factors and cholinergic agents as neuroprotective agents in the treatment of Alzheimer's disease.

Clinical Diagnosis and Management of Alzheimer's disease can be heartily recommended as a reference for medical and allied health students. It will serve as an excellent guide for medical, psychiatry and neurology housestaff and practitioners alike.

*Paul A. Shelton
Winnipeg, Manitoba*

DISEASES OF THE SPINE AND SPINAL CORD. 2000. By Thomas N. Byrne, Edward C. Benzel, and Stephen G. Waxman. Published by Oxford University Press. 416 pages. C\$192.00 approx.

This book offers a great deal of information about common disorders of the spine and spinal cord, and is sufficiently inclusive to act as a reference book for the broad spectrum of disorders of the spine and spinal cord. It has many positive features, and only a few shortcomings.

The authors have intended to be neurologists and neurosurgeons including trainees. In general, the book will be of greater value for neurologists than for neurosurgeons.

It includes detailed descriptions of the anatomy of the spine and spinal cord and comprehensive rendering of the multitude of clinical syndromes associated with diseases of the spine and spinal cord. There is also a useful discussion of pain associated with lesions of the spine and spinal cord.

Although the authors have included the more modern imaging techniques with CT and MRI, there is still an unnecessary display of myelograms. The selection of MRIs and the quality of the reproduction are often disappointing.

Although there is an attempt to discuss the pathophysiology of many of the reported conditions, the discussion is often rudimentary. For example, the issues of spinal shock, central cord syndrome and blood supply of the spinal cord are quite incomplete and not up to date. Furthermore, surgeons will find the discussion of spinal cord and spinal trauma, syringomyelia and spinal cord tumours to be quite incomplete.

*Charles H. Tator
Toronto, Ontario*

DIFFERENTIAL DIAGNOSIS IN NEURO-ONCOLOGY. 2001. By Jerzy Hildebrand and Michael Brada. Published by Oxford University Press. 298 pages. C\$157.95 approx.

Neuro-oncology is an expanding subspecialty within Neurology, and perhaps because of a perceived scarcity of relevant texts, the past few years have witnessed the publication of a number of monographs dealing with a number of topics in clinical neuro-oncology. Cancer and its treatment frequently involve the nervous system, with perhaps 25% of all cancer patients developing neurologic complaints at some point during their illness. However, in this country most cancer patients with neurologic symptoms are not evaluated by neuro-oncologists, who for the most part work in specialized cancer centres and concentrate their efforts on the management of patients with primary brain tumors. Consequently, a cancer patient usually relates his neurologic ailments to his primary physician, usually a medical or radiation oncologist, or an internist, who may or may not obtain a neurologic consultation.

Jerzy Hildebrand and Michael Brada are two seasoned European neuro-oncologists who have co-authored an interesting and somewhat unique neuro-oncology text entitled "Differential Diagnosis in Neuro-Oncology." This book is not intended to serve as a comprehensive neuro-oncology reference text, rather it is designed to assist the clinician in diagnosing and managing neurologic problems arising in patients with known or suspected cancer. To achieve this goal, the authors have organized the 12 chapters of this text by symptoms such as altered consciousness, epileptic seizures, cerebellar dysfunction, and muscle disorders and fatigue, to give but a few examples of chapter titles. Each chapter is organized according to a standard template with four main sections: clinical presentations; potential causes, including neoplastic and treatment-related; relevant investigations; and, finally potential therapies. Each chapter is generously illustrated with numerous MR and CT scans (imaging is the essential investigation in neuro-oncology), and tables and algorithms help the clinician develop a simple but comprehensive approach to the diagnosis and management of common neurologic symptoms. Moreover, relevant and current references for each chapter provide the interested clinician with an opportunity to obtain more detailed information if desired or needed.

Hildebrand and Brada have written a very pragmatic introduction to clinical neuro-oncology that is probably directed more at physicians who are not full-time neuro-oncologists. A suitable readership for this text would include medical and radiation oncologists, general neurologists and neurosurgeons, internists, and trainees in any of these specialties, including those who are currently in neuro-oncology fellowships. Because neuro-oncology is a multidisciplinary specialty, it is difficult for any one physician to be familiar with cancer, neurology and of course the highly specialized treatment modalities including many novel drugs that have neurologic side-effects. Moreover, because cancer patients are often very sick, and because neurologic symptoms and signs can evolve quite rapidly in the cancer patient, a simple and straightforward approach as illustrated in this book can be invaluable to the clinician faced with caring for these patients. Hildebrand and Brada present the most important aspects of their clinical discipline to their readers, and I believe succeed very well in so doing. Personally, I enjoyed reading this text, and learned from the very personal and practical approach offered by two prominent European neuro-oncologists. *Differential Diagnosis in Neuro-Oncology* is a suitable book for any neurologist, particularly those who are asked to provide opinions on cancer patients (and most general neurologists are included here), to own. I know that I will refer to this text for insightful guidance whenever I am confronted with a cancer patient who has developed perplexing neurologic symptoms and signs that have yet to be diagnosed.

Warren P. Mason
Toronto, Ontario

THE TREATMENT OF EPILEPSY PRINCIPLES AND PRACTICE, THIRD EDITION. 2001. Edited by Elaine Wyllie. Published by Lippincott Williams & Wilkins. 1285 pages. C\$283.50 approx

This is the third edition of an exceedingly comprehensive book on the principals and practice in the treatment of epilepsy. Recent and striking developments in all phases of this complex disorder necessitated the update, which follows closely on the second edition in 1997 and the first edition 1993.

This manual is designed to serve as a guide and reference to adult and pediatric epileptologists, neurologists, neurosurgeons specifically as well as neurology and epilepsy fellows, residents, basic scientists and general physicians. This book reflects the forefronts in epilepsy treatment.

The editor has made a masterful effort in recruiting credible national and international authorities in the field of epilepsy.

The purpose of this endeavor will serve as a resource for those who care for children and adults with epilepsy or who are working towards the cure for this group of disorders.

This textbook has 91 well-written chapters. The importance of clinical epileptology occupies one third of the chapters devoted to epileptic seizures and syndromes. The book comprises six major parts: basic mechanisms of epileptogenesis, basic principals of electroencephalography, epileptic seizures and syndromes, anti-epileptic medications, epilepsy surgery, and psychological aspects of epilepsy.

The chapters are carefully written and referenced. Almost every aspect of epilepsy is covered. There are revisions to the chapters and new material has expanded the book by about one hundred pages from the second edition.

The updates are too numerous to mention all in detail. The notable and recent advances in the understanding of genetic epilepsy syndromes and molecular biology as well as chromosomal localization is well-presented

A number of new anti-epileptic medications have been introduced like gabapentin, lamotrigine, oxcarbazepine, topiramate, tiagabine, zonisamide and levetiracetam.

Vigabatrin and clobazam are not yet approved in US. In Canada oxcarbazepine, tiagabine, zonisamide and levetiracetam have yet to reach the market.

The revisions in the classification of epileptic seizures and epileptic syndromes are an ongoing process and invariably evoke passionate sentiments among the experts. Recent advances in neuroimaging and molecular biology are redefining the epileptic syndromes. The Commission on Classification and Terminology of the ILAE is revising the classification and an alternative classification has been proposed.

The leaps and bounds on neuroimaging in epilepsy diagnosis and management is mentioned repeatedly most notably in surgical management. Multiple subpial transections, deep brain stimulation and gamma knife are the new options. Other treatments are vagal nerve stimulation implants and ketogenic diet. There is a growing momentum to do epilepsy surgery earlier both in adults and children and there is a need for randomized clinical trials. While SPECT and MRI are the common diagnostic imaging techniques, PET is used in some centers only. MRS and fMRI are still largely used for research purposes.

Both genetic advances and imaging studies have heightened the need for new classification system for malformation of cortical development.

This is a complete text both for reference and treatment. It has managed to capture data, which is multiplying more rapidly than most of us can imagine. The result of this third edition will fulfill many of our needs till the next one.

Neelan Pillay
Calgary, Alberta

TEXTURE OF THE NERVOUS SYSTEM OF MAN AND THE VERTEBRATES, VOLUME II. 2000. Edited by Pedro Pasik and Tauba Pasik. Published by SpringerWienNewYork. 667 pages. C\$220.50 approx.

Several questions come to mind on approaching this new edition of Ramon y Cajal's main book, his *Texture of the Nervous System of Man and the Vertebrates*. Why bother reading a book almost a century old? What can it possibly teach us? And is not a modern reprint of the 1911 French edition "*Histologie du système nerveux de l'homme et des vertébrés*" already available? Pasik and Pasik's edition is greatly superior to the reprint of the French edition. First, the quality of the figures is vastly improved, the result of using original drawings, many wearing the imprint of "Museo Cajal, Madrid". One becomes painfully aware of what has been missing before. Second, Pasik and Pasik notes to the text bring the information up to date, so the reader does not have to worry about wasting time learning discarded data. From this approach, Cajal's book is still one of the best – if not *the* best – detailed description of the morphology and connections of neurons. But beyond that, to read through Cajal's exposition of the neuron doctrine or the concept