

## Book Reviews

**NEUROTRAUMA: EVIDENCE-BASED ANSWERS TO COMMON QUESTIONS.** 2003. Edited by Alex B. Valadka, Brian T. Andrews. Published by Thieme. 312 pages. C\$140 approx.

This book sets out to review and summarize some important topics arising in the day-to-day care of patients suffering from brain and spinal cord injuries. It is not a “how to”, but rather a “why to” book. In each chapter, the authors quickly review (usually in three or four pages) some of the relevant literature on the topic, then establish the level of evidence available supporting available treatment strategies. The book points out that there isn’t strong evidence for most of what we do beyond, perhaps, effective management of airway, breathing, and circulation! Other chapters provide very useful summaries of methods of classifying head and spinal cord injuries. A chapter is devoted to the problem of why outcome studies in head injury fail to show significant benefit for various treatments (we are expecting too much).

This is an unpretentious book. Its chapters ‘cut to the chase,’ with titles such as “should I decompress the spinal cord” and “should I use jugular venous oxygen saturation monitoring.” The Editors have maintained tight control on the guidelines for the authors in terms of clearly setting out what the literature supports and at what level of evidence. Dogma is generally avoided, but where the evidence is lacking, the authors do provide the practical interpretation of the literature that forms the foundation for the generally accepted methods of neurotrauma management. This distinction is always clearly stated though, so the reader is not given the mistaken impression that this is a text of level I standards of practice. This is a text authored by American neurotrauma specialists, and thus the wise use of limited resources does not factor in prominently in deciding on expensive monitoring techniques such as cerebral blood flow and jugular venous oxygen saturation monitoring. However, the tone of these chapters remains very conservative, and I think it clearly states that most of these modalities are treatment options only.

This text will probably not change the way most groups in Canada treat head injury, though it is a very accessible reference for why we do what we do. Its brevity and succinctness are the main reasons I would recommend it for libraries used by ambulance services, emergency rooms, and intensive care units. Most Canadian Neurosurgeons will find it a quick review of core knowledge, though useful nonetheless. My copy is now already quite heavily thumbed and the pages wrinkled. As it lay on the coffee table in the operating room lounge, it sparked the interest of several anesthetists and general intensivists, as well as surgical residents, Neurosurgical and otherwise. It is not a book that will likely emerge in subsequent printings with a rich leather binding and gold embossed letters, but I suspect it will be read cover-to-cover. I suspect one will find the legal profession perusing these pages from time to time as well. At \$140.00 cover price, it is not inexpensive, but its comprehensiveness makes it a worthy purchase.

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**NEUROSURGERY AND NEUROLOGICAL SCIENCE IN MANITOBA, 1884 - 1984.** 2003. Edited by Rankin K. Hay. Published by Rankin K. Hay. 239 pages. C\$? approx.

Neurosurgery and neurology have rich traditions in Manitoba, replete with larger-than-life characters whose imprint on clinical neurosciences is felt well beyond the provincial borders. In his privately-published book, *Neurosurgery and Neurological Science in Manitoba, 1884-1994*, neurosurgeon Rankin Hay tells the story from both an historical and personal perspective, given that he was an active neurosurgeon in Winnipeg for the last quarter of this epoch. The focus in this history is on neurosurgery, although some attention is paid to neurology and the neuro-diagnostic specialties.

In the early years, occasional neurosurgery was performed by general surgeons, usually dealing with trauma and cerebral abscesses. Hay spices up this slow-paced early history with clinical vignettes from the case records. Oliver Waugh, a Montrealeur who trained with Harvey Cushing at Johns Hopkins, and sometimes joined him on the baseball diamond, was Winnipeg’s first fully-fledged neurosurgeon, beginning in 1912. He became the first head of the Section of Neurosurgery in 1930 and introduced the era of academic neurosurgery, publishing work on spinal lesions and trigeminal neuralgia.

Hay describes the advent of the modern era of neurosurgery with the arrival in Winnipeg in 1950 of Mayo Clinic-trained Dwight Parkinson. Dr. Parkinson held himself and those around him to high standards. Hay treats his talented and occasionally prickly colleague fairly, lauding his tenacity, creativity and surgical skill. Parkinson introduced bi-plane cerebral angiography but is best known for his pioneering surgical approach to the then poorly charted cavernous sinus region. His meticulous studies of the cavernous sinus anatomy and blood supply spanned more than 40 years of his career. Dwight Parkinson also pursued a life-long interest in concussion, continuing his studies, in collaboration with medical students, until just before his death in February 2005.

Dr. Hay also pays credit to the contributions of Robert T. Ross, the dominant neurologist of the era, a bright and challenging clinician. Weekly neurological rounds, including Rankin Hay and the other clinicians, became a lively and entertaining educational event, featuring jousting between Drs. Ross and Parkinson and others who were often out-matched. This became a popular event for medical students, including those in my class. Bob Ross’ signal contribution was his single-handed act of faith in founding the now thriving Canadian Journal of Neurological Sciences in 1974.

Winnipeg and the University of Manitoba have nurtured a rich culture of clinical neurosciences. Although Rankin Hay tells the tale in a somewhat dry and dispassionate style, characteristic of the man, this is a significant contribution to the history of clinical neurosciences in Canada.

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