BOOK REVIEWS

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Evoked Potentials in Clinical Testing. 2nd Edition (Series: Clinical Neurology and Neurosurgery Monographs No. 3). Edited by AM HALLIDAY. (Pp 741 Illustrated; Price: £70.00). 1993. Edinburgh, Churchill Livingstone. ISBN 0-443-04050-8.

A steady reminder of new applications, new avenues, this book is able to bring excitement and pride for the profession, even for veterans who have spent a respectable chunk of professional life as reporting clinical neurophysiologists. All in a pleasant low key voice with no didactic or superiority undertones; the language, always clear and understandable is somewhat uneven, as is inevitable in a multi-author book. Monitoring progress of disease, sub-clinical warning signs of drug neurotoxicity, or of early radiation myelopathy in children have immense value as children are often less than good observers and are unreliable sensory witnesses.

Objectivity regarding the relative value of the individual electrical test is maintained throughout the book even when low diagnostic value and other deficiencies of a given method has to be admitted. For example, the wide variability of the Event Related Potentials (ERP) in the healthy population makes the method more useful in within-patients studies. One detects delicacies, for example the ERP latency in memory scanning test is consistently longer for musical notes than for verbal stimuli. To conform to current health reform trends there is an audit chapter—an excellent validation of the relative values or hit-rates of the trimodal evoked potentials, MRI and oligoclonal bands in demyelination. The hierarchy is established, the BAEP being the least contributory, followed by the median nerve Sensory Evoked Potential (SEP). Not surprisingly the EPs are less efficient than MRI. The value of the EP's, however, remains because of widespread availability, speed of testing, lower capital cost and compared to oligoclonal bands, it is non invasive. Gems are found for example the CSF IgG correlates better with MRI/VEP abnormalities in patients with chronic progressive M.S. of long duration than in patients with relapsing-remitting course. In a book where some health-service-speak is present (see audit) one is grateful for the surviving humanity; it is refreshing to read that cost-effectiveness is not open to fully rational resolution, and the author admits that even if during spinal

surgery, the expense of monitoring is high, it more than compensates for a future life in a wheelchair. A useful, important book for both the year-around and the occasional user.

MARTA ELIAN

Guillain-Barré Syndrome. By GARETH J PARRY. (Pp 200; Price: DM90.00 H/bk). 1993. Stuttgart, Georg Thieme Verlag. TMP ISBN 0-86577-444-7. GTV ISBN 3-13-783601-8.

This is the third book entitled "Guillain-Barré Syndrome" to be published in three years. My own book published in 1990 emphasised the pathological changes and pathogenetic mechanisms and wandered more broadly into neuroimmunology. Ropper, Wijdick and Truax's book published in 1991 contained a meticulous account of the diverse clinical pictures subsumed by the title, based on Ropper's vast experience at the Massachusetts General Hospital, and an extensive discussion of differential diagnosis.

Parry's book began life in the author's imagination as a description of peripheral nerve disease for the beginner, but grew into another extensive monograph focused on typical Guillain-Barré syndrome. Its greatest strength is its careful description and helpful explanation of the neurophysiological changes, especially the conduction block which underlies weakness in "typical" cases of Guillain-Barré syndrome. However, Guillain-Barré syndrome forms a subgroup at one end of a spectrum of acquired, usually inflammatory, demyelinating polyradiculoneuropathy. Chronic idiopathic demyelinating polyradiculoneuropathy, which Parry also describes based on a small personal series, forms the other end of that spectrum. Guillain-Barré syndrome itself is heterogeneous. In some cases the clinical neurophysiological and pathological evidence suggests the existence of a purely axonal form in which IgG antibodies to ganglioside GM1 are, in our experience, usually present. The striking distribution of clinical deficits in Miller Fisher syndrome have now been matched by the findings of antibodies to ganglioside GQ1b.

Maybe these recent observations, still in press while Parry's book was being written, will eventually justify my own emphasis on pathology and pathogenesis, here dealt with in an eloquent but brief chapter by Pollard. In the meantime I recommend Parry's book as the shortest and most up to date monograph on clinical aspects of Guillain-Barré syndrome.

RAC HUGHES

Atlas of Neuroradiology. By MATTHEW J KUHN. (Pp 256; Price: \$137.50). 1992. New York, Raven Press. ISBN 1-56375-008-2.

This work is just what the title claims—a picture-book of the subject, comprising about 500 images illustrating the pattern of disease of the central nervous system. The majority of these images are MRs and CTs,

but there are probably enough angiograms and myelograms included to validate the title. Of the 500, only a handful are conventional radiographs which points to the fact that the age of non-contrast neuroradiography has come to an end. All credit is due to the author for his choice of illustrations—all have a high quality and each is a text-book example of the particular entity, and the images considered together cover the whole field. Notable are those entities which MRI and CT have revealed to us for the first time on this side of the autopsy table, such as demyelination, intracerebral haematoma, as well as syringes and the causes of canal stenosis.

The chapter arrangement follows conventional wisdom (congenital, traumatic etc.) and each consists of a brief text supplemented by relevant images. The bibliography, being confined to American radiological journals, is somewhat restricted, but it is adequate to provide access to the literature for a specific detailed search. The index is excellent. Several disease classifications can be challenged on the grounds of the improper splitting or lumping of entities, but in an atlas this is a quibble that can be ignored.

A more important question hanging over the *Atlas* is this: Who is the book aimed at? Juan Taveras, now the doyen of all neuroradiologists, claims in his foreword "[it is suitable for] medical students, trainees preparing for examinations, general radiologists and our neurological colleagues". But it simply isn't possible for one book to target all these groups. My conclusion is different to Professor Taveras's—namely, the *Atlas* is an ideal introduction to neuroimaging for entrants to the neurosciences who already possess some background knowledge. These include medical and nursing students and radiographers, as well as radiology and neurology trainees. The *Atlas* is an introductory text, then, not a bench book. Older neurosciences consultants, even neuroradiologists are likely to have to consult more than a picture-book to solve individual problems. A radiologist who uses this *Atlas* as his only reference book will not fail his examination but he should not be interpreting neurological images. Good introductory texts enjoy a sustained demand in medical libraries and hospital departments, and this *Atlas* is strongly recommended to serve this need.

EH BURROWS

Dementia. (Contemporary Neurology Series). Edited by PETER J WHITEHOUSE. (Pp 465 Illustrated; Price: £72.00). 1993. London, Williams & Wilkins Ltd. ISBN 0-8036-9271-4.

Not so long ago, within the professional life span of many physicians, elderly individuals who were losing their mental faculties concerned neurologists little if at all. Like the laity, they attributed the condition to the inevitable effects of ageing, and the brain atrophy to hardening of the arteries. Even after Alois Alzheimer described the unique pathology of presenile dementia, it evinced little interest amongst neurologists because the disease was essentially geriatric and incurable. Moreover, detailed assessment of the mental faculties was not usually an