
A steady reminder of new applications, new avenues, this book is able to bring excitement and pride for the profession, even to veterans who have spent a respectable chunk of professional life as reporting clinical neuropathologists. 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 neuropathy 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 Emg Potential of the Nerve (Relaxation Potential) in the healthy population makes the method more useful in within-patients studies. One detects delicits, for example the ERP latency in memory recall 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 tridimensional 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 SEPs are less efficient than MRI. The value of the MEP’s, however, remains because of widespread availability, speed of testing, lower capital cost and compared to oligoclonal bands, it is non-invasive. Gms 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 in 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


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 Van den Berghe’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 polyradiculoneuropathies. In a monograph of this type the subtitle demyelinating polyradiculoneuropathy, which Parry also describes based on a small personal series, forms the other end of that spectrum. Although Guillain-Barré syndrome 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 GMI 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 GQb1.

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


Not so long ago, within the professional life span of many physicians, elderly individuals whose loss of memory and other symptoms of the “ordinary” kinds of dementia were left to be dealt with by the “general practitioners”. Now, with the successes of the drug industry and the ever-increasing number of books and articles on the subject, the neurologist is expected to be on top of things.

This book 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 author has succeeded in really concentrating on the clinical aspects of the disease. 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, and other neurological signs and the causes of canal stenosis.

The chapter arrangement follows conventional wisdom (congenital, traumatic etc.) and each consists of a brief text supported by relevant images. The bibliography, being confined to American radiological journals, is somewhat restricted, but it is adequate to provide access to relevant radiological publications. 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 the cliche of “it is a must!” can be open to. A more important question hanging over the Atlas is this: Who is the book aimed at? Juan Tavera’s, now the doyen of all neuro-radiologists, 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 Tavera’s—namely, the Atlas is an ideal introduction to neuro-imaging for entrants to the neurosciences who already possess some background knowledge. These include medical and surgical trainees, as well as radiology and neurology trainees. The Atlas is an introductory text, then, not a bench book. Older neurosciences consultants, other neuro-radiologists 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


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