All titles reviewed here are available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the United Kingdom and for members of the British Forces Overseas, but overseas customers should check first for delivery times and postage rates. Payment can be made by cheque in sterling drawn on a United Kingdom bank, or by credit card (Mastercard, Visa or American Express) stating card number, expiry date, and your full name.


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 somehow 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 so-called Related Potentials (ERP) in the healthy population makes the method more useful in within-patients studies. One detects deliriums, for example the ERP latency in memory can be 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 oligodendroglial 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 oligodendroglial 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


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 others 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 different diagnostic.

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, and the demyelinating polyradiculoneuropathy, which Parry also describes based on a small personal series, forms the other end of that spectrum. 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 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


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 there is no substitute for good-quality images. As is inevitable with a book of this size, there is a degree of overlap in the cases illustrated, and the various imaging techniques are not always used in the most logical order.


Not so long ago, within the professional life span of many physicians, elderly individuals who were losing their memory started to concern neurologists little if at all. Like the laity, they attributed the condition to the inevitable effects of ageing, and the brain strain to hardworking of the central nervous system. 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. More recent awareness of the dementia of the mental faculties was not usually an
integral part of the neurologic examination.

But all this changed as neurology and neuropathology expanded. It was then realized that there was not one but many diseases that could express themselves as a progressive mental decline, sometimes treatable and even curable. In practice, the definition of these clinical syndromes was answered by the criteria of chronicity, progressive mental symptoms, and the presence of dementia. Hence, the routine examination of a patient’s mental function could be done by looking for signs of dementia. The main problem, as Critchley pointed out in 1938, was the definition of intellectual functions.

Following neuropathologists, intelligence was found to be multifactorial, comprised minimally of memory, language, reasoning, calculation and visual-spatial orientation. Clinicians learned that each of these functions had its own anatomy and could be lost singly or in various combinations during the course of disease. Moreover, it was ascertained that certain patterns of deficit might be linked to specific diseases, with the result that a deficit to vitamin deficiency. Therefore, this is a mark of laxity in thinking to use the term dementia in a generic sense; always there should be a qualifying adjective, e.g. global dementia.

neuropathology expanded.
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progressive
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intellectual deterioration. The main
of which was
clinical syndromes
as
to
reasoning,
language,
one.

Intellectual deterioration. The main
effects are
e.g.
neurologists
and
deliria are separated. While a
practitioner in psychiatry, for
neurologists this is a leap backwards.

From clinical experience most neurologists have come to think of the dementing diseases as being chronic and progressive. Only a relatively small number satisfy these criteria. Yet the subject matter of this monograph includes more than a hundred diseases. The reason for this extreme inclusiveness is that the temporal factor in pathology is disregarded. No importance is attached to the time of onset, the clinical course and outcome as denoting attributes of disease. To include every disease that touches the mind in any way as a dementia, regardless of its temporal profile, as is implied in this monograph, serves no useful purpose.

Whitehouse is aware of these problems and struggles with matters of definition. The standard criteria of the American Psychiatric Association’s Mental and
are quoted but many neurologists find them inadequate, and the same may be said of the formulations of the special committee on dementia of the National Institute of Neurologic Diseases and Stroke.

Despite the reviewers’ criticism of the wide scope of subject material, the main topic of this monograph is Alzheimer’s and closely related diseases, and the various contributors have covered the subject well. The clinical descriptions are of good quality and the first six chapters on epidemiology, genetics, neuropathology and neuropsychology are informative and up-to-date. Helpful to the readers are accounts not only of the most recent scientific data but also of the methodology by which they were obtained. Even in the later descriptions of vascular, neoplastic, toxic, infectious and demyelinating diseases, which may cause derangements of mind, it is their psychologic aspects which are stressed. This section finishes with a critical assessment of therapies, both for the disease process and some of the unwanted symptoms it produces.

A final section contains comments on the psychiatric and psychological implications of a dementing disease. The role of the physician in helping the family provide humane care is presented well. Suggestions are to be found in the pages of Davis’ Contemporary Neurology series.

In general, the book is strongly recommended. It should attract a wide readership drawn from the fields of neurology, psychiatry and the neurosciences. It measures up to the standards set by previous editions of Davis’ Contemporary Neurology series.


Currently there is a very strong trend towards minimally invasive surgical procedures. From standing aloof from such a movement neurosurgeons can be counted among its earliest pioneers. Since the introduction of stereotactic frames for approaching indirectly remote intracranial targets in humans in 1947 by Spiegel and Wycis in North America and in 1949 by Leksell in Europe there has been a steady improvement in increasingly flexible and precise methods for accessing the brain. This progress has been much aided by the dramatic development of new imaging techniques. Despite the increasing rapidly rate of change in surgical progress this book encapsulates the currently available advances in brain tumour surgery, emphasizing the importance and pitfalls of stereotactic biopsy, CT and MR guided surgery, as well as the role of minimally invasive interstitial radiotherapy and completely non-invasive radiosurgery, the latter both by gamma knife and by modified linear accelerator. However, perhaps the most fascinating contributions are those dealing with the mathematical principles necessary for the pursuit of better three dimensional imaging, and with the awesome prospect in the near future of how much of today’s activity will soon be mastered by robotic systems. The promise of haptic imaging, frameless stereotaxy, selective radiosensitizers and robots manipulating increasingly sophisticated endoscopes is exciting indeed.

DMC FORSTER

SHORT NOTICE


The excellent Year Book continues with Walter Bradley as its new Neurology editor. He has expanded the format to three succinct topical review papers. He has co-opted 12 Associate editors to select and provide the brief comments after each paper abstracted. New headings to break up each paper are a new feature: Background, Methods, Findings and Conclusions.

A valuable source of information and further references which is digestible and pleasant to read.