Magnetic Resonance Imaging of the Brain and Spine. Second Edition. Edited by SCOTT W ATLAS. (Pp 1696; £188.00.) Published by Lippincott Raven Publishers, Philadelphia 1995. ISBN 0-7817-0282-8.

There are thirty two chapters in this book written by multiple authors and the list of contributors reads like a Who's Who of north American MR radiologists and neuro-radiologists. Some of the technical chapters are written by scientists, with a considerable input from General Electric Company. Some of the chapters have been written in conjunction with other clinical neurospecialties.

The first seven chapters deal with basics of MR physics and, health and safety aspects of MR imaging. Chapters such as these are often very difficult to write in an accessible and readable form but the authors should be congratulated in the way these chapters have been written. There is a very useful appendix in this section in the list of implants, materials and devices that have been tested for deflection in static magnetic fields.

Chapters eight to 22 deal with clinical applications of MR in the investigation of the brain whilst chapters 26 to 28 deal with clinical aspects of spine MR. All of the chapters are exceptionally well written with very few typographical errors and there are numerous images of uniformly high quality and these are accompanied by ample pathological specimens which greatly enhance the presentation. The last four chapters deal with the more recently acquired applications such as fast imaging, functional MR and MR angiography as well as an excellent review of MR spectroscopy in neurological disease. Each of the chapters has extensive references which quote papers up to 1993.

For those of us that were familiar with the first edition of this book it is obvious that the editor has tried, and succeeded, in preparing a book which reflects the development and maturity of MR imaging. The extra clinical and neuropathological input to the text is welcome and there are very few gaps or areas of criticism. One obvious gap that is not covered is the advance of MR imaging in the assessment of epilepsy which in my opinion, should be covered in view of the major interest in the surgical treatment of the epilepsies. The only index reference to epilepsy is within the MR spectroscopy section.

However, these criticisms are minor in comparison with the overall content of the book and the amount of information contained within makes the book exceptionally good value for money.

PAUL GRIFFITHS

Clinical Epilepsy. Edited by JOHN S DUNCAN, SIMON D SHORVON and DAVID R FISH. (Pp 408; £45.00). 1996. Published by Churchill Livingstone, Edinburgh. ISBN 044304936X.

There are many available monographs, textbooks, and reference books on epilepsy. This book sets out to be something rather different from anything else currently on the market, and on the whole succeeds very satisfactorily. It proves to be a compromise between being a very brief, pragmatic, single author book aimed at telling clinicians how to manage the very many varied aspects and clinical challenges of epilepsy, and on the

other hand to inform practising clinicians about the very rapid advances in research aspects of the subject that in an age of evidence-based medicine should now be underpinning clinicians' every day practice. The authors make the point that much of the latter tends to be hidden in journals and reference texts and therefore unavailable to physicians who treat the generality of patients with epilepsy. The idea for the book seems to have been generated from the International League Against Epilepsy's teaching weekends for senior registrars and residents organised by the British Branch, which have taken place over the last 10 years, and which this reviewer is very pleased to have initiated. It is however, at the same time, very much a product of the extremely active epilepsy group at Queen Square that has grown up around Simon Shorvon. As such, it is a tremendous testament to the way in which one individual has introduced that august institution to a real and genuine interest in the epilepsies, an area that it and British neurology have been content to ignore for over a generation.

The book is 400 pages in length and is well set out, readable, and for the most part well illustrated and well referenced. The style is so consistent that when other chapters are introduced with major sections written by some of Queen Square collaborators, such as Ley Sander and Michael Trimble, the reader may become a little uncomfortable as the style so visibly changes from what he is accustomed to and areas that have previously been very adequately covered are revisited. The layout is very pragmatic and starts with an excellent chapter on differentiating seizures from other causes of episodic neurological phenomena. It breaks down the enormous range of different components that epileptic seizures may have and provides a differential diagnosis for each. Subsequently, the differentiation of seizure types and epilepsy syndromes is dealt with in a very satisfactory way, though inevitably, a lot of time is spent in this chapter on extremely rare childhood epilepsies that few clinicians outside specialist centres will ever see. Subsequent chapters involve investigation, management, the special problems of epilepsy in women, non-pharmacological management of epilepsy including surgical treatment, psychological and psychiatric aspects of epilepsy, and a final chapter on systems for the delivery of care for people with epilepsy. The only somewhat unsatisfactory chapter is that on prognosis, prevention, morbidity, and mortality that is essentially somewhat repetitive of earlier chapters in which these subjects could perhaps quite satisfactorily have been incorporated.

Inevitably, it is possible to criticise some aspects of this book. It is unashamedly, a "Queen Square" view of epilepsy and the chapter on investigation is perhaps a little overweighted towards sophisticated functional imaging, that remains basically a research tool and less than overly relevant to those of us practising in less luxurious circumstances. The text, at times, is somewhat overweighted towards references to work performed by the Queen Square group, but the bias is one that is freely admitted and to which all of us fall prey! There are one or two surprising omissions, such as the failure to describe the syndrome of mesial temporal epilepsy which this group has done so much, along with American colleagues, that identify it as a separate clinical entity. However,

I do think this is the best buy for any neurologist in training who wishes to ensure that his practice in, and care of, epilepsy will be soundly based and up to date.

DAVID CHADWICK

Office Practice of Neurology. Edited by MARTIN A SAMUELS and STEVEN RESKE. (Pp 1344; £150.00). 1996. Published by Churchill Livingstone, Edinburgh. ISBN 0443088160.

Samuels and Feske's preface justifies their title "Office Practice of Neurology" by stating that "although a disease does not change its nature upon changing the location of the patient-doctor encounter, the outpatient style does limit the time for deliberation and access to the expertise of local colleagues . . .". You might anticipate that such a volume should be short, distilling out the common outpatient problems. However, this book is encyclopaedic and has 230 chapters spanning over 1200 pages. It is written by 230 authors, the majority of whom come from Massachusetts, and only three from outside north America. It is primarily a reference book rather than a didactic text for the trainee.

The first section of 17 chapters on the clinical approach, rather ambiguously entitled "Principles of Ambulatory Neurology . . . "provides informative and balanced coverage not only of issues such as recurrent falls, but also weakness, pain, autonomic dysfunction, and tinnitus. These chapters include some useful, if rather lengthy, check lists of causative diseases. This first section of the book addresses the clinical approach following principles established in Boston by Raymond Adams so successfully in his "Principles of Neurology". These chapters include useful summaries of commonly used disability scales about which we all need a passing knowledge, given the current barrage of treatment trials being conducted for chronic progressive diseases.

The book provides a comprehensive and contemporary factual account of all aspects of neurology. That it covers the rarities is evidenced by surveying the 32 infectious diseases chapters. How often do patients with rabies or neurobrucellosis ambulate into your office? But if you are going to mention brucellosis, surely the occurrence of discitis with cord or root compression should be mentioned. Likewise, spinal cord involvement in schistosomiasis is another small print infectious complication which I was unable to find. The coverage of every day neurological problems such as stroke, epilepsy, and headache is unusually extensive. There is a clear and welcome emphasis on management and treatment, and most of the authors distinguish between the results of scientific trials and our historical habits. Many chapters include useful statistics which will inform our discussions with patients about issues such as risk of subarachnoid haemorrhage if an unruptured aneurysm goes untreated. Clinical aspects of brain tumours are dealt with particularly well and without histological tedium. Chapter 153 contains a useful summary of existing and prospective treatments for malignant glioma. A particular strength is the coverage of neurological complications of systemic disorders and their therapies. Chapter 169 succinctly summarises the neurological complications of cancer chemo-