ago. The pearls and pitfalls were interesting in that they detailed many of the important philosophies learned during residency and practice, but omitted or buried in standard textbooks.

What I disliked about this book:

While histories are usually complete, physical examinations as presented can be unfocused and incomplete, particularly with respect to neurological details. There is a wide variation in operative descriptions: in some cases the contributors have tried to present finer details about operative techniques; in some cases the operative details read like a pre-dictated operative note; and finally in others no operative details are provided at all. It is not clear to me what the principle authors wished to achieve in this regard.

Clinical decision-making, particularly for complex problems, relies very heavily on personal judgment. It is inherently risky to present a large number of cases in textbook format, not subjected to peer-review. Odds are that at least a few of the cases are not going to be as illustrative as the authors had hoped. For example:

Case 1 – Axial Neck Pain: Nonoperative Approach. The MRI, obtained within the first week of symptoms, details a relatively large midline C4/5 disc herniation with quite obvious spinal cord compression. Physical examination showed mildly weak elbow flexion with a diminished biceps jerk. Diagnoses of cervical sprain and strain, myofascial pain, and a C5 radiculopathy were made. The Masters elected to treat conservatively with a cervical pillow. No mention of follow-up was given. In my experience, anyone with spinal cord compression bears close follow-up. In addition, impaired biceps function with a diminished deep tendon reflex most often is associated with a C5/6 disc herniation in my experience. Typically the herniation is lateral, not central.

Case 2 – Whiplash Injuries: Nonoperative Approach. The "Masters" review pertinent radiographic findings and conclude that there was no evidence of pathological cervical subluxation. Unfortunately, the neutral lateral cervical spine x-ray depicted in Figure 1 shows a suspicious kyphotic deformity centred at C5/6. It is not so surprising to find bilateral perched facets at C5/6 posteriorly as well as a widened interspinous distance on closer inspection of the same film. Flexion and extension views are not provided, but clearly this case is highly suspicious for occult instability. Misdiagnosis in such a setting could constitute malpractice.

Case 6 – Cervical Spondylosis – Myelopathy: Posterior Approach. The MR sequence depicts buckling of the ligamentum flavum from C4-C6 in the presence of maintained cervical lordosis. Postoperative films show an instrumented fusion from C2-T1, potentially incorporating four more motion segments than necessary. The "Masters" do not discuss the need for such an extensive approach, nor do they acknowledge the benefits / risks of a shorter construct.

Case 19 – Intradural Disc Herniation – Lumbar Spine. A pre-operative sagittal MR shows what might be a huge intradural disc herniation. Although surgery is proposed as the treatment of choice in symptomatic patients, no details are presented about the surgical techniques and pitfalls. Formal intradural excision is not acknowledged causing the more experienced reader to at least wonder about the "Master's" experience with this particular type of lesion.

Case 35 – Spinal Cord Injury: Pharmacological and Nonoperative Management. Because of my own personal interests I couldn't help but to look closely at this case. I wasn't totally surprised to learn that the presenting clinician championed methylprednisolone according to NASCIS III guidelines. The usual theories on lipid peroxidation were also well-represented. However it was somewhat embarrassing to read what (in addition to steroids) had become a standard of care in this "Master's" mind, presented in tabular form at the end of the chapter. Clearly an objective evidence-based approach would have been more helpful to the average reader, and far more valuable as an educational tool.

Summary

This is one of the most thorough collections of Class III evidence pertaining to the human spine that I have come across. As such it provides an interesting read of anecdotal experience, but falls far short of achieving reference text quality. Dr. Garfin quotes Oliver William Holmes in the Foreword as saying "the bedside is always the true center of medical teaching". I couldn't agree more. Despite honorable intent, Vaccaro and Albert serve to provide only a highly filtered imitation of such a learning process, predictably denying the reader of the spontaneity and interactivity of the real experience. I believe this book will be most valuable to the Orthopedic or Neurosurgical resident whose training program provides limited access to outpatient clinics and the operating room.

John Hurlbert,
Calgary, Alberta

UNDERSTANDING DEMENTIA. A PRIMER OF DIAGNOSIS AND MANAGEMENT. 2001. By Kenneth Rockwood and Chris MacKnight. Published by Pottersfield Press Ltd. 194 pages. C$30.00 approx

This small manual published in paperback by two academic geriatricians, known for their work in dementia, provides guidance in the management of dementia based on their own extensive experience. It is primarily directed to the unsung toiler in the management of dementia, the family physician; but contains useful information for the other professionals involved, certainly including neurologists.

The approach suggested takes professional time constraints into account by proposing that the assessment and care plan be developed in four visits. The first is to determine whether there is memory impairment, the second to determine whether it is dementia, the third to determine the etiology and the fourth to develop the care plan. Diagnosis, one of the preoccupations of neurologists is simplified, although the difficulties with this recur throughout the account. A clinical syndrome of Alzheimer's disease is delineated and reservations about sensitivity and specificity are ignored. This syndrome is to be differentiated from vascular dementia and what are referred to as "atypical" dementias, disorders such as dementia with Lewy bodies, fronto-temporal dementia, Creutzfeldt-Jakob disease and normal pressure hydrocephalus. The implication is that family physicians should be able to diagnose and manage uncomplicated Alzheimer's and vascular dementia. There is much discussion about the differential diagnosis and in particular the value of staging the course of dementia. Clinical developments incongruous with staging through Global Deterioration Scale and the Functional Assessment Staging Tool are indications for specialty referral. Recognition of delirium and depression is given careful weight in the discussion. "Aphysical examination is necessary" and this comes with the third visit. It includes a directed screen for focal and lateralizing neurologic signs, with particular attention to muscle

tone and gait, but tests for the "primitive reflexes" are not recommended. Chapters discuss the current cognitive enhancing therapies approved for Alzheimer's disease (they get a favourable yet guarded review) and the management of disturbed behaviour, typically occurring in more advanced Alzheimer's disease.

Clinical vignettes with explanatory comment end each chapter and are very helpful in filling in and reinforcing the account. There is a glossary and throughout there is a conscious effort to avoid technical jargon and formal rhetoric.

Although the practicality of care for dementia requires streamlining of assessment methods (for example, full neuropsychologic testing and imaging need not be routine), neurologists should not be deceived into abandoning their time-honoured algorithm of lesion localization. Neurologists should have a wider perspective of lesions causing the various symptoms of dementia and generally find the Mini-Mental Status Exam a limiting and unsatisfactory tool. Continued skepticism about the diagnosis of Alzheimer's disease is warranted. Indeed, community-based correlations of clinical diagnosis with pathology suggest we are getting worse, not better in making the diagnosis of Alzheimer's. The authors emphasize that we need to be aware that vascular risk factors should be recognized and dealt with early rather than later whether or not there is co-existent Alzheimer pathology. Neurologists will be the "splitters" in this field.

Dementia is indeed an expensive disease. Just to begin, the assessments seem needlessly expensive with multiple visits involving multiple professionals (also unsung are Social Workers and nurses who have become expert in education, counseling and in the myriad social agencies in which patients and families living in a multicultural community must contend). The neurologists role (largely, diagnosis and research) is a limited, but essential role in the management of Alzheimer's disease, although some will take on much more than others; for example in attending to the "4 Cs'" of Rockwood and MacKnight - competence, caregiver, comorbidity and continuing care. The emergence of truly disease modifying therapies, possibly quite complex, could greatly increase this role. For the present, the collaborative approach to dementia care is a highly rewarding one and for this neurologist highly illuminating. The family physicians in the region have shown a remarkable ability to triage dementia patients, but even so, will enjoy and benefit from this manual. Even if they do not take a more active role in dementia management, it will give them important insights. The same is equally true for neurologists.

John R. Wherrett
Toronto, Ontario

Early Diagnosis and Interventional Therapy in Cerebral Palsy. Third Edition. 2001. Edited by Alfred L. Scherzer. Published by Marcel Dekker Inc. 355 pages. C$80.85 approx.

This is the third edition of this book, which is published as part of the Pediatric Habilitation series. It is a multi-authored book, which is primarily written by and directed to therapists dealing with children with cerebral palsy.

Chapter 1 provides a review of the history of CP and its classification. The second chapter provides a concise overview of the etiology and epidemiology of CP, which is well written, but provides little new information for medical specialists who deal with CP. Chapter 3 offers a superficial approach to diagnosis. For example, the author states that various newborn CSF components have been effective markers of hypoxic-ischemic encephalopathy, without providing further detail or discussion. This chapter covers very basic concepts of clinical evaluation, and is clearly directed to therapists rather than medical specialists.

Chapter 4 is an overview of the clinical consequences of CPand developmental delay followed by a brief overview of current treatment options. As a resource for therapists in CPclinics, the book fails to place the role of medications and their adverse effects into perspective.

Chapter 5 is an excellent overview of the history and current status of various therapies, including neurodevelopmental treatment, conductive education and patterning. On this background Chapter 6 provides a model for the multidisciplinary clinical assessment of infants with CP. The role for physicians in this model is unclear, although I presume they would be included under "other professionals".

This chapter will be valuable for physical and occupational therapists and for speech and language pathologists. Example worksheets are provided and Chapter 7 provides models for documenting assessment data, goal setting and treatment strategy development.

Chapter 8 incorporates family needs and how they can influence treatment choices. Model forms for daily documentation are exhaustively provided. In Chapter 9 a case study is used to apply the model to an individual patient. This chapter is accompanied by an excellent series of photographs and multiple applications of the worksheets.

Chapter 10, entitled "Research in Cerebral Palsy – Yesterday and Today" provides background on evidence-based research with descriptions of the various research models from random clinical trials to "common sense". Chapter 11 then provides examples of how evaluation of the literature and research might be applied to three issues commonly dealt with in CP treatment. Their search strategy and evaluation of the literature is helpful and demonstrates the paucity of data to support gastrostomy, neurodevelopmental therapy or early intervention for at risk infants. The book ends with a brief overview of future perspectives on CP.

Overall this may be a valuable addition to the library of therapists who treat children with CPand should probably be in the library of every CPclinic. Pediatric neurologists who specialize in CPwill find this helpful in understanding the goals of their colleagues in PT, OT and speech and language pathology but I suspect that the average pediatric neurologist or developmental pediatrician will be satisfied by reading selected components within their libraries.

J.M. Dooley
Halifax, Nova Scotia

Peripheral Neuropathy: A Practical Approach to Diagnosis and Management. 2001. Edited by Didier Cros. Lippincott Williams & Wilkins. 432 pages. C$133.50 approx.

The preface indicates that the target audience for this 432 page multi-authored monograph is clinicians, including non-neurologists and neurologists-in-training, who need a practical source for quick reference and continuing education. After some introductory chapters on clinical approach, biopsy, and electrodiagnosis, the book