clinically relevant areas of the natural history, diagnosis, and treatment of MG. This section provides a good mix of pathophysiology and information useful for the clinical management of MG patients.

Finally, the third part of the book discusses the more esoteric disorders of the neuromuscular junction, i.e.: the Lambert-Eaton syndrome, neuromyotonia and antiganglioside-associated neuropathies, and the congenital myasthenic syndromes. This section provides a concise review of rarer disorders and is of more specialized interest although general neurologists will be able to use this section for reference purposes.

Each chapter is presented by an authority in the field. Reading this volume will provide the physician with a broader knowledge base which can be used to understand and manage more successfully patients with neuromuscular disorders. Overall the book provides a balanced approach to MG, although a regional bias is apparent in some parts such as the section emphasizing repetitive nerve stimulation studies.

This book is an essential review for any neurologist managing patients with neuromuscular disorders and is highly recommended to anyone wishing to gain a deeper perspective into disorders of the neuromuscular junction.

Vera Bril
Toronto, Ontario

NEUROSURGICAL CLASSIC II. 2000. Edited by Robert H. Wilkins and Gloria K. Wilkins. Published by The American Association of Neurological Surgeons. 592 pages. C$124.95 approx.

Neurosurgery, like other fields in medicine, is involved in an ever-expanding network of technical information about which it is a difficult enough job to keep informed, let alone be aware of the historical events upon which contemporary knowledge is based. However, neurosurgery is a relatively new specialty so that, until recently, most of us had "lived through" these events and so were reasonably aware of them. But things change and, as the authors state, their book is aimed at "… especially younger neurosurgeons who may not be fully aware of the origins of some aspects of their daily practice". That neurosurgeons are interested in their history is attested to by the success of Class I, presenting 52 papers published before 1940, as well as by the growth of interest in the History of Neurological Surgery at each annual AANS meeting. Furthermore, in order to make advances, it is essential to return to the beginnings before moving on. "This book is dedicated to the neurosurgeons of today who are producing the classics of tomorrow".

Classics II is an attractively bound 592 page compendium of 58 papers published after 1940, divided into 31 subject groups: diagnostic techniques, general surgical and therapeutic techniques (increased intracranial pressure, topical hemostasis, bipolar coagulation, ventriculostomy reservoirs, and cranioplasty), and specific surgical techniques (microneurosurgery, skull base surgery, stereotaxis and radio surgery, and endovascular surgery) following which specific disease entities are discussed (neuro-oncology, occlusive cerebral vascular disease, subarachnoid hemorrhage, head injury, cervical traction and halo immobilization, nerve disorders, hydrocephalus, disc disease, pain and epilepsy). To this reviewer, the most fascinating aspect of Classics II is the compilers' charmingly written introductory commentary for each section reflecting a long, in-depth experience with the literature, and tracing back the roots of each of the 58 selected papers, richly illustrated by quotations from contemporaries, and from an impressive bibliography of their own. The introduction in each case shows the evolution of the thinking involved in the Classics being discussed, and they are as delightful to read as James Burke's "Connections". For example, concerning MRI, the basic discoveries of Rabi, Ramsey, Purcell, Bloch, Bloembergen, Hahn, Ernst, Demadian, and Lauterbur are traced, work that resulted in five Nobel prizes. Along with such information, the parallel development of medicine and magnetism is traced back to Sir William Gilbert's time in the 17th Century.

Canadian readers may be surprised to find that Kenneth McKenzie is credited with developing the first ventriculostomy reservoir to treat tuberculous meningitis with streptomycin, a device this reviewer remembers using. The development of modern electrocoagulation reads like a Tom Swift novel, though I would have included the introduction of radiofrequency lesion making in percutaneous and stereotactic surgery by Sweet and Rosomoff and their associates. Though many of us used the microscope in the neurological laboratory for years, it was apparently 1957 before Ted Kurze did the first microsurgical operative procedure. Again, Canadians will read with interest that Gordon Murray is said to have performed the first successful surgery to restore circulation in an occluded common carotid artery on September 20, 1950. It is surprising how circuitous was the evolution of carotid endarterectomy as we know it today. Endoscopy apparently started in 1910 using urological instruments, and I clearly remember one of my patients spared from a craniotomy in the early 1960s by the use of an arthroscope introduced to our hospital from Japan by Bob Jackson of the orthopaedics staff.

To me, this book is a pleasure to read and an invaluable reference. Naturally, not everyone will agree on the choice of the "Classics". To this reviewer, these should initiate a trend in thought that leads to innovations. Thus, the Classic may not be so original, yet may still be a classic because, unlike some very original contributions, it was published in a situation that inspired those who read it to change history.

Some additional topics that come to mind, not dealt with by the authors, include the discovery of post-traumatic syrinx, the work of Botterell and Lougheed and their associates in 1957 and 1958 with hypothermia and the direct occlusion of aneurysm necks. Under head injury, diffuse axonal injury is reviewed, but the concept of, in my opinion, the more important matter of prophylactic treatment to avoid delayed neuronal injury is not given equal prominence. In the area of functional neurosurgery, I would have included Russell Meyers' open operations on the basal ganglia leading into the modern developments in movement disorder surgery. The field of pain surgery has been revolutionized by the use of chronic stimulation and intrathecal drug installation, which are not treated and the spinal DREZ procedure is a true classic.

This work is an important contribution to any neurosurgeon's library and priority when reading it should be given to the authors' remarkable introductions for each section.

R. Tasker
Toronto, Ontario