

patients with new variant Creutzfeldt-Jakob disease. A scholarly discussion of multiple system atrophy includes useful “red flags” to keep in mind when considering the possibility of this syndrome occurring in the setting of parkinsonism.

The authors should be complemented on producing such an all-inclusive volume. It is a bit large to be called a “handbook”, but is a book that should be found on the shelves of any clinician that has more than a passing interest in these disorders. Neurology trainees will find it particularly useful as they are making their way through this often confusing territory.

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NEUROLOGICAL EPONYMS. 2000. By P.J. Koehler, G.W. Bruyn, J.M.S. Pearce (eds). Published by New York, Oxford University Press. C\$ 87.95 approx.

This is a collection of 55 essays written by 51 prominent neurologists and other neuroscientists. They are grouped under the headings Structures and Processes; Symptoms and Signs; Reflexes and other Tests; Syndromes; and Diseases and Defects. Almost every one is illustrated with a portrait of its subject and most have additional diagrams of the entity linked with his name – no women are represented, not even Mme Dejerine (but then again, nor is her husband). Each chapter runs to 2000 words or so, and referencing is very adequate.

The work is an expansion of a shorter set of essays on the founders of the neurological examination, published in Holland in 1995, and will be a welcome addition to the library of those who like to achieve some mental closure through understanding of the circumstances under which the aspect of neurology in question was first defined, and through attainment of some familiarity with details of its progenitor. The biographies are agreeably succinct while being adequately detailed, but most who buy the book will have much of this information already. It is the critical evaluations of the phenomena, in each case presenting the relevant data and analyzing them in fair but not excessive depth, that make the book most appealing.

There are a few issues on which a picky reviewer might take issue – did Sir Henry Head truly report that gall-bladder pain refers to the *left* shoulder? Was not the most useful sign described by Jules Froment (the ‘circle sign’) that which assists in the diagnosis of anterior interosseous palsy rather than the clumsy *signe de journal* for ulnar nerve palsy? How does the cerebellum displace downwards *within* the fourth ventricle in the Chiari malformation? *How many* of the patients of John Norris with vertebral artery dissections following chiropractic manipulation developed a Wallenberg syndrome? But this book contains only a few such small infelicities, while it illuminates our discipline by presenting these named phenomena both in their human and in their neurological contexts. Correctly, the editors allege the resurgence of eponyms and defend their continued use in response to the increasing prolixity of scientific nomenclature. In employing them, we honour their discoverer, embellish our understanding and smooth communication.

Neurological Eponyms contains more than its title suggests. It would be a perfect gift for a neurologist friend, for a succeeding resident and for your departmental library. And also for yourself.

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EPILEPSY SURGERY. 2001. 2nd Edition. By H.O. Lüders and Y.G. Comair. Published by Lippincott Williams & Wilkins. 1060 pages. C\$292.53 approx.

Many pearls are contained within this book but one has to shuck a lot of oysters to get at them. It is less a textbook than a collection of essays by well-recognized authorities active in the surgical treatment of patients with medically intractable epilepsy. It is a big and broad and heavy book comprised of 180 chapters grouped into 18 sections and running to over a thousand pages. It could have benefited from the editors' blue pencil to condense and abridge some of the chapters dealing with the same or similar topics so as to present a more cohesive treatise on epilepsy surgery. These minor irritants apart, the book is encyclopedic, authoritative, and entirely up-to-date. Especially welcome to this reader is a discussion of the contributions of Fedor Krause and Otfried Foerster to the surgical treatment of epilepsy in the history section of the book. This section is followed by an overview of epilepsy surgery. The meat of the book is entered in section three where epileptic syndromes are addressed. Especially noteworthy in this section is the discussion on Rasmussen's syndrome. A short section on presurgical evaluation precedes a more extensive discussion on structural and functional neuroimaging. Generally speaking the quality of the reproduced images is satisfactory, and the quality and detail of the images in the chapter on imaging of the cerebral cortex are stunning. The architectural planning of a monitoring unit, various modes of detection of epileptogenic foci, and discussions of electroencephalography and magnetoencephalography precede a section on neuropsychology and psychiatry. This is followed by four chapters on sodium amobarbital testing. By this time 60% of the book has been covered with nary a mention of surgery. This is remedied in the following 250 pages where invasive procedures for electroencephalography with foramen ovale, epidural, subdural, and depth electrodes, alone or in combination, are addressed. There follows an extensive discussion of therapeutic surgical techniques for the resection of epileptogenic foci and lesions in specific parts of the brain. (Parenthetically, the surgical treatment of frontal lobe epilepsy is addressed in a chapter that has five more authors than the number of its pages). There is an especially strong chapter on the selection of surgical procedures for patients with temporal lobe epilepsy. Due importance is given to structural brain lesions such as cortical dysplasias, tumors and vascular lesions as a source of epileptic seizures. Other procedures, such as hemispherectomy in its various guises, callosotomy, and vagal nerve stimulation, an especially timely topic, are addressed in detail. Most of the remainder of the book deals with outcome and the management of surgical failures. The book ends with seven appendices addressing a variety of topics, some already dealt with in the body of the book. Throughout the book, special attention is given to the pediatric population in terms of investigation, surgical planning, and surgical techniques.

The overall impression then is of a very timely, highly authoritative and comprehensive book that will serve as a useful reference for anyone interested in the field, from the junior resident to the most experienced epileptologist.

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