

treatment have become increasingly frequent. Therefore, the field of neuro-oncology has come into its own as a recognized area of clinical specialization. It is therefore very appropriate for a major new textbook of Neuro-Oncology to be published at this time.

The stated goal of "Neurological Complications of Cancer" is 'to provide a practically useful reference source for all professionals treating cancer patients and an introduction to clinical trainees.' The authors have succeeded admirably in this goal.

The book is divided into three main sections: Specific Management Problems, Neurological Complications of Anticancer Therapy and Neurological Complications of Specific Neoplasms.

Specific Management Problems include brain metastases, spinal metastases, leptomeningeal metastases and peripheral nervous system complications in cancer patients. These chapters contain very thorough reviews of the topic under discussion with extensive references. The chapter on primary malignant brain tumors is an excellent introduction to the topic suitable for general neurologists but is insufficient for medical oncologists or radiation oncologists who must treat these patients. The chapter on cerebrovascular complications of cancer is particularly well written, as is the chapter on the use of glucocorticoids in neuro-oncology.

Neurological Complications of Anticancer Therapy includes complications of radiotherapy, chemotherapy and immunotherapy. The chapters are comprehensive and clearly written.

Neurological Complication of Specific Neoplasms included descriptions of the common neurological complications of a wide variety of primary malignancies including all the major types of solid tumors, leukemia and lymphoma and childhood cancers.

The main strengths of this book include its clear organization, both overall and within each chapter. The clarity of the writing makes it easy to read. Tables are used extensively where appropriate. The number of illustrations is not large, but those included clearly illustrate the topic under discussion.

The main drawback of the book is the amount of duplication. Often the same topic is discussed in two or more chapters of the book, and cross-references are usually lacking. For example, there is an incomplete discussion of chemotherapy induced peripheral neuropathy in Chapter 4 (Peripheral Nervous System Complications in Cancer Patients) and a much more complete review of this topic in Chapter 11 (Neurological Complications of Chemotherapy). Similarly, there is a brief discussion of Lambert Eaton myasthenic syndrome and paraneoplastic encephalopathy in Chapter 13 (Neurological complications of Lung Cancer) and a more complete discussion in Chapter 8 (Management of Paraneoplastic Neurological Syndromes). In neither case, were the two discussions cross-referenced. Readers must be careful to check the index to make sure they have read all sections of the book pertinent to a topic which they may wish to review.

I would recommend this book to neurologists, radiation oncologists and medical oncologists. It is also a valuable reference for residents training in these disciplines.

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SINGLE FIBER ELECTROMYOGRAPHY: STUDIES IN HEALTHY AND DISEASED MUSCLE. 2nd Edition. 1994. By Erik Stålberg and Joze Trontelj. Published by Raven Press. 303 pages. \$C103.00

The second edition of "Single Fiber Electromyography" (SFEMG) is a welcome update of the standard reference text for anyone using single fiber electromyography in their laboratory. This updated text continues the excellent traditions set in the first book

by reviewing the basic physiology and pathophysiology underlying the methods in the text, but primarily single fiber electromyography. The book then continues with SFEMG findings in different pathological conditions. Much information discovered since publication of the first edition has been incorporated in the new volume. Some sections of strictly historical interest have been included and provide an interesting contrast to modern techniques and equipment. Reading the book provides a historical review of development of electromyographic techniques in the last twenty years. Validation of the methodology is found in the reference values obtained from many investigators when compared to the Stålberg data.

This book is highly recommended to any electromyographer performing electromyographic examinations. A thorough comprehension of the principles laid out in this book ensures an understanding of the field of electromyography. To those performing single fiber studies, this book is an essential reference material which should be reviewed and kept in the laboratory. Anyone who wishes to do single fiber electromyography should adhere to the steps laid out in the book if they wish to perform valid studies. To anyone teaching the methodology, this volume is the gold standard. The book can be reread many times, as the information is densely compressed, and elegantly presented. I would urge all electromyographers to read this book. I congratulate the authors on a fine update.

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LEFT BRAIN – RIGHT BRAIN DIFFERENCES. 1993. By James F. Iaccino. Published by Lawrence Erlbaum Associates, Publishers. 284 pages. \$C24.50

Few aspects of neuroscience research have captured the popular imagination in the way that reports of differences between the cerebral hemispheres have. Several books offer to teach us how to use both sides of our brains to good effect. Even cartoonists take for granted that readers have heard of this dichotomy. James F. Iaccino's affordable volume subtitled "Inquiries, Evidence, and New Approaches" presents an overview of research in the field of cerebral asymmetries. Introductory chapters review anatomical and functional differences between the left and right hemispheres in humans and in animals. A second section discusses what psychiatric and neurologic conditions including commissurotomy can teach us about brain asymmetries. Attention then turns to studies on hemispheric specialization in normal subjects with particular reference to the confounding effects of handedness, sex, and development. A concluding chapter suggests new techniques that may be useful in future studies. Iaccino's target audience seems to be psychology students although others will find material of interest here.

A refreshing feature of this book is the use of questions as chapter titles. "Are Cerebral Asymmetries Unique to the Human Species?" and "How are Asymmetries Studied in the Normal Brain?" are examples. As Iaccino's own studies have often involved college undergraduates, he seems much more at home discussing research done in normals than in discussing clinical conditions. His description of alexia without agraphia, for example, is ambiguous and unlikely to help the student understand the condition. Iaccino attributes depression to right hemisphere dysfunction and cites a few studies supporting this notion, ignoring several investigations suggesting that depression is more of a problem after left rather than right hemisphere strokes. Although his discussion of techniques likely to prove useful in the future includes PET scanning, functional MRI is conspicuously absent.

Unfortunately, I found Iaccino's writing style ungraceful and sometimes unclear. The word "basically" appears so frequently, for example, that it becomes distracting. Occasional forays into mysticism and religion seem out of place.

These criticisms aside, this book will prove useful to those seeking an introduction to the differences between the hemispheres and is worth its modest price.

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CONTRIBUTIONS TO NEUROPSYCHOLOGICAL ASSESSMENT. 2nd Edition. 1994. By Arthur L. Benton, Abigail B. Sivan, Kerry deS. Hamsher, Nils R. Varney and Otfried Spreen. Published by Oxford University Press. 159 pages. \$C34.95

This second edition, like its predecessor, will be an invaluable clinical manual for many neuropsychologists and neurologists interested in cognition. Each of the twelve chapters describes a clinical test developed by Professor Benton along with his colleagues during his long and productive career. Although there is a new author (Sivan), no new tests have been added since the 1983 edition.

The same format is followed as in the previous work. Each well-written chapter begins by presenting background information on the ability in question. The clinical test is then described along with instructions for administration, recording, and scoring. Observations in normals and in patients with brain disease are presented for each test and the main advantage of the new edition over the old is the thorough updating of this information. In particular, normative data are presented, where available, on children, the elderly, patients with psychiatric disease, and patients in different ethnic groups. Important investigations using the tests are cited. In many cases these observations are new to the present edition. About one third of the references are new.

Many of the tests described in this volume, such as the Judgment of Line Orientation and Facial Recognition tests, have become standard neuropsychological instruments. While this book is an indispensable guide to using these tests, it is important to be aware that the test materials needed for their administration are sold separately. If you use any of these tests in your clinical or research work, particularly if you assess children or the elderly, you will find this second edition useful.

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PHOTOSENSITIVE EPILEPSY: CLINICS IN DEVELOPMENTAL MEDICINE NO. 133. 1995. By Graham F. Harding and Peter M. Jeavons. Published by Cambridge University Press. 182 pages. \$C78.00

Recently I was called by a school nurse. The school had installed a new fire alarm system which makes the usual buzz plus a flashing light to warn the deaf. "Was this risky for children with epilepsy?" she asked. This new edition of a classic monograph is full of useful information which prompted me to ask a few important questions about the frequency and intensity of the flash and then advise that the concern would be reasonably low. A blue flash would have been preferable.

If you run an EEG laboratory, record EEG or read EEG, you should read this book. Its greatest strength is the description of technical details that determine the effectiveness of strobe flash and/or patterns to elicit a photo-convulsive response. Frequencies of flash, intensity, distance from the lamp, diffusion, superimposed pattern, eyes closed vs. eye open and background illumination all have a

significant effect. Various EEG machines come with various photic stimulators. Does your lab "flash" optimally?

Photosensitivity has been a major passion for the authors for several decades. They have seen many patients and published many papers. Each of the clinical studies that they summarize in this monograph involves different numbers of patients with different inclusion criteria. These details often make the clinical sections hard reading. The best parts of the clinical descriptions are a series of pearls that are interspersed in the text. For example, we learn that monocular stimulation will eliminate a photoconvulsive response in most but not all patients. For those that are sensitive to monocular flash, the intensity of the stimulus must be higher than with binocular activation and one eye may be much more sensitive than the other. The treatment implications are clear – a light occlusive patch or hand is helpful for certain situations.

At the time of the first edition, television was a problem. Since then many adults spend hours in front of video display units (translation, computer screens) and children spend days glued to video games. Provoked seizures are increasingly noted. The authors review this new literature and describe their 19 cases. Manufacturers of video games now print warnings for people with epilepsy which strike fear in hearts of parents. When is it safe for the child (especially boys) with photosensitive epilepsy to play these games? The children view any restrictions as the end of the world. With the data presented, it is possible to develop a reasoned and individual approach based on the type of EEG abnormality, treatment response and environmental manipulation to lesson risk. Valproic acid appears very effective.

There is a good section on "sun" glasses for people with photosensitive epilepsy. Darkened glasses do not do the job but polarized lenses may be of great help. The authors describe an ingenious set of "spectacles" with built in lights that keep the background lighting constant. Apparently the success of valproic acid, plus judicious covering of one eye have been so successful that commercial development of the glasses was not pursued.

I found the chapter on prognosis of photosensitive epilepsy disappointing. There is confusion between persistence of epilepsy and persistence of EEG photosensitivity. Apparently the authors stop a trial of medication withdrawal if EEG photosensitivity returns. It is unclear if this is a valid approach.

If you read the first edition, should you read the "new" edition? Yes. If you didn't read the first edition and you care for people with epilepsy should you read the new edition? Yes.

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THE EVALUATION AND TREATMENT OF MYOPATHIES. 1995. By Robert C. Griggs, Jerry R. Mendell, Robert G. Miller. Published by F.A. Davis Company. 510 pages. \$C180.00 approx.

This book provides a practical approach to the evaluation and treatment of myopathies. It is divided into three parts; the approach to the patient with muscle disease, the specific myopathies and the clinical management.

The chapter of the evaluation of the patient with myopathy is clearly written and directly applicable. Tables provide easy reference for a differential diagnosis of a symptom, sign or symptom complex. The colour illustrations complement the text and are selected to show, for example, action and percussion myotonia or the facial features of different myopathies. There is a clear, well illustrated section on electrophysiological testing and skeletal muscle biopsy. Genetic evaluation, explained in a straightforward