

## Books Received

**A DISEASE ONCE SACRED - A HISTORY OF THE MEDICAL UNDERSTANDING OF EPILEPSY.** 2001. By Mervyn J. Eadie, Peter F. Bladin. Published by John Libbey & Company Limited. 248 pages. C\$61.45 approx.

**CURRENT MANAGEMENT IN CHILD NEUROLOGY.** Second Edition. 2002. By Bernard L. Maria. Published by BC Decker Inc.. 562 pages. C\$205.54 approx.

**DISORDERS OF VOLUNTARY MUSCLE.** 7th Edition. 2001. Edited by George Karpati, David Hilton-Jones, Robert C. Griggs. Published by Cambridge University Press. 775 pages. C\$346.07 approx.

**HOMOCYSTEINE IN HEALTH AND DISEASE.** 2001. Edited by Ralph Carmel, Donald W. Jacobsen. Published by Cambridge University Press. 510 pages. C\$235.98 approx.

**IN THEIR HANDS.** 2002. By Javed Siddiqi. Published by Thieme. 217 pages. C\$78.08 approx.

**INVESTIGATING NEUROLOGICAL DISEASE.** 2001. Edited by Albert Hofman, Richard Mayeux. Published by Cambridge University Press. 313 pages. C\$93.92 approx.

**LOCALIZATION IN CLINICAL NEUROLOGY.** Fourth Edition. 2001. By Paul W. Brazis, Joseph C. Masdeu, Jose Biller. Published by Lippincott Williams & Wilkins. 608 pages. C\$212.70 approx.

**MERRITT'S NEUROLOGY HANDBOOK.** Tenth Edition. 2001. Edited

by Pietro Mazzoni, Lewis P. Rowland. Published by Lippincott Williams & Wilkins. 576 pages. C\$70.79 approx.

**PARKINSON'S DISEASE. A GUIDE FOR PATIENT AND FAMILY.** Fifth Edition. 2001. By Roger C. Duvoisin, Jacob Sage. Published by Lippincott Williams & Wilkins. 208 pages. C\$47.11 approx.

**STROKE SYNDROMES.** Second Edition. 2001. Edited by Julien Bogousslavsky, Louis Caplan. Published by Cambridge University Press. 747 pages. C\$314.64 approx.

**SURGICAL MANAGEMENT OF PAIN.** 2002. By Kim J. Burchiel. Published by Thieme. 992 pages. C\$317.88 approx.

**TEXTBOOK OF CLINICAL NEUROPSYCHIATRY.** 2001. By David P. Moore. Published by Oxford University Press. 747 pages. C\$156.00 approx.

**THE MUSCULAR DYSTROPHIES.** 2001. Edited by Alan E.H. Emery. Published by Oxford University Press. 304 pages. C\$184.50 approx.

**THE NEURON. CELL AND MOLECULAR BIOLOGY.** Third Edition. 2002. By Irwin B. Levitan, Leonard K. Kaczmarek. Published by Oxford University Press. 632 pages. C\$96.12 approx.

**UNCOMMON CAUSES OF STROKE.** 2001. Edited by Julien Bogousslavsky, Louis Caplan. Published by Cambridge University Press. 391 pages. C\$314.64 approx.

## Book Reviews

**MASTER CASES SPINE SURGERY.** 2001. By Alexander R. Vaccaro and Todd J. Albert. Published by Thieme. 552 pages. C\$219.03

Drs. Vaccaro and Albert have compiled over 60 examples of operative and nonoperative spinal pathology and present them as case illustrations with subsequent discussions. Just shy of 100 contributors have lent their expertise to the clinical material presented within. The book is bound in a hard cover, and consists of 515 pages printed in a glossy format to provide high-quality figure reproduction.

The cases are organized according to disease category and appear to be chosen to provide a generous depth and scope, ranging from

simple operative and nonoperative cervical, thoracic, and lumbar disc herniations to adult deformity correction and even vascular malformations. The format for each case typically consists of a description of history of presentation and physical findings followed by pictures of pertinent imaging studies. A discussion ensues of the treatment, sometimes with operative techniques, followed by an overview of the pathological process.

### ***What I liked about this book:***

It was refreshing and stimulating to look at individual cases and learn how the various experts treated their patients. The follow-up discussions provided a light overview of the subject material, refreshing my own memories of concepts last reviewed many years

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,  
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**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. “A physical 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