Finally, there are no references or directions to further learning. The presentation is more of a didactic lecture, lacking in interaction. A self-assessment module and a more interactive presentation would strengthen the resource and fullness of the material.

This CD would be a worthy addition as a reference resource in any health science library.

Dwight Webster & Michael Cusimano
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AN ATLAS OF MULTIPLE SCLEROSIS. 1998. Edited by Charles M. Poser. Published by Parthenon Publishing. 129 pages C$101.40 approx.

This book is a collection of illustrations from the author's own material and collected from publications and colleagues around the world. There is a brief history with excellent illustrations of the historical aspects of multiple sclerosis (Figures 1-10). The section on epidemiology is sparse in text but the interplay between genetics and environment are appropriately covered.

The pathogenesis is briefly reviewed and there are a number of excellent illustrations of pathology (Figures 15-50). However, there is very little treatment of the newer concepts of axonal loss in MS lesions. The ocular photographs will be helpful.

There is a great deal of imaging. There probably are too many CT scans (Figures 61-73). There are, in addition, a number of very good examples of MRI lesions (Figures 74-84). The differential diagnosis is quite well done looking at the possibility of disc protrusion, various injury lesions, a number of illustrations of acute disseminated encephalomyelitis (ADEM) (Figures 93-102). There are also illustrations of Lyme disease, HTLV-1 myelopathy, AIDS, sarcoid, hypertensive cerebral vascular disease, vasculitis, and migraine. There are even a couple of cases of Dr. Poser's hobby (the relationship between head injury and MS lesions) (Figures 110-111). The illustrations end with several examples of SPECT and PET abnormalities in MS.

Overall, this book is going to be very useful for the classical approach to understanding multiple sclerosis. However, the newer concepts of the evolution of lesions seen by MRI techniques such as MRI spectroscopy, T2 relaxation analysis, and magnetization transfer imaging are not covered. In addition, the newer studies related to the pathology of axonal loss are also not covered.

I consider this Atlas to be a valuable addition to my library on multiple sclerosis. It is, however, already a bit dated.

Donald W. Paty
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JOHN HUGHLINGS JACKSON – FATHER OF ENGLISH NEUROLOGY. 1998. By Macdonald Critchley and Eileen A. Critchley. Published by Oxford University Press, Canada. 195 pages C$92.00 approx.

John Hughlings Jackson, known as the "Father of English Neurology" was a pioneer in the understanding and development of neurology during his lifetime, which encompassed the years 1835-1922, essentially at a time when Charcot developed French neurology.

Jackson's enormous influence inspired many subsequent neurology giants including James Collier, Gordon Holmes, Risien Russell, James Purves-Stewart, Andrew Turner and S.A. Kinnier Wilson, Jackson's last house physician at the National Hospital in London.

This biography, written by Macdonald Critchley includes previously unpublished material of Jackson's family background, early education and life as a medical student. Jackson's many and varied scientific studies are described in detail and include his original observations on uncinate attacks, aurae and temporal lobe epilepsy. His reference to localized brain lesions including Jacksonian seizures are descriptions based on clinical observations and morbid anatomy.

His other scientific achievements include dissertations on aphasia and language, cerebellar functions and neuro-ophthalmology. Gordon Holmes, in his history of the National Hospital, Queen Square, in reference to Jackson, stated that there is no greater figure in the history of neurology. Jackson was a co-founder of the journal *Brain* and is also remembered by the Hughlings Jackson lectures.

The authors successfully document Jackson's many achievements and, in addition, provide insight into Jackson the man, his marriage, as well as his many honours.

This biography will be of special interest to all neuroscientists and provides vivid clinical descriptions of English medicine and neurology during the latter part of the 19th Century, at a time when diagnostic reason prevailed.

Oscar S. Kofman
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DIAGNOSIS AND MANAGEMENT OF DEMENTIA. A MANUALFOR MEMORY DISORDERS TEAMS. 1999. Edited by Gordon K. Wilcock, Romola S. Bucks and Kenneth Rockwood. Published by Oxford University Press Inc., New York. 402 pages C$86.95 approx.

Western societies have directed increasing attention to care of expanding populations of the elderly, and begun to characterize the extent of dementing disorders afflicting this group. A model of care, originating in the United States in the early 1970s, comprises interdisciplinary assessment and follow-up of patients presenting with symptoms of dementia often in association with active lay societies which have taken an increasing role in fostering care for the demented. This model, embodied in what are now referred to as "Memory Clinics", has become established in most western countries, but in several variants reflecting medical systems of care and the research interest and priority accorded dementia.

Neurologists whose interests have traditionally centered on the clinical manifestations, pathophysiology and treatment of all of the organic dementias, as well as understanding of basic brain function as it is revealed through dementing diseases, may participate with several other disciplines, each with important contributions to be made in areas of neurological interest but which may go well beyond those of the contemporary neurologist. The expertise of the neuropsychologist in characterizing cognitive functions, and of the speech pathologist in language, refine diagnosis and understanding of the cognitive disability is commonly found in these clinics. The psychiatrist's skill in delineating the psychosocial context and the

almost inevitable behavioural disruptions in chronic dementias is essential, as that of the geriatrician in assessing and managing an often-complex medical background to dementia in the aging.

The occurrence of an incipient dementia commonly introduces extraordinary, often subtle, evolving and persisting psychosocial stresses within families. This has been brought to the fore by lay societies that have emphasized education and counseling, but particularly the need for assistance in accessing the myriad of social agencies, some culturally specific, that must be involved. This has become a major aspect of dementia care and has been taken up by social workers, nurses and lay counselors. The definition of dementia implies a disability that impacts on social and occupational functioning and the characterization of a dementia often requires assessment of these aspects, some of which are best conducted by occupational therapists. Buried in this veritable army of professionals is the family physician, often the first to identify the problem. He/she will participate in some of the arrangements for care especially referral to medical subspecialists for intervening medical disorders that can aggravate the dementia.

As advertised, "Diagnosis and Management of Dementia – A Manual for Memory Disorders Teams" is a unique and timely book. The editors and contributors are drawn from the several disciplines concerned with the diagnosis and management of dementia and represent centres in Europe and North America and in one case Australasia. Succinct chapters discuss all aspects of establishing and organizing a memory clinic, including arrangements for research; as well as the diagnosis of dementias and their management with particular attention to the social dimensions. A "clean-up" chapter on common problems provides an excellent discussion on ethics, including discrimination against the demented or "dementiaism". Chapters are jointly written by two or more authors and in the spirit of the variants in the memory clinic model, each is by experts not only from different countries but different disciplines, reflecting various perspectives. Readers will also approach this book from many perspectives. The traditional neurologic aspects are limited, a comment other disciplines could undoubtedly make with reference to topics covered in their fields. Neurologists will feel uneasy in the absence of epidemiology and pathology; however, there is repeated reference to the need for pathology and brain donation, an absolute for progress in understanding of dementias in this reviewer's opinion. In a handbook, it might be helpful to have a description of a screening neurologic exam that is likely to be taken up by geriatricians and psychiatrists as well as description and assessment of motor, behavioural ("environmental dependence" etc.) accompaniments and the so-called primitive reflexes. The neurology chapters were written before the recent developments in genetics of the frontotemporal dementias. Diagnostic procedures for a couple of the rarer secondary dementias are dated.

In general, the editing has been excellent. Chapters are well directed to the object of the book with good cross-referencing. There is a fair amount of repetition, which served to emphasize the importance of aspects that neurologists tend to ignore. There is reference at the beginning of multiple chapters to the incidence of dementia.

I found a great deal that was of interest in this book, excellent succinct discussion of the many aspects of dementia and its care that were familiar to me as well as aspects new to me, soundly-based opinion (for example, on the use of imaging), ideas and references of interest and wisdom. Perhaps unusual for "manuals" which usually comprise delivered wisdom and rules, this one raises important questions in all aspects of the care of the demented. Clearly, there is no right way for everyone and everybody. For example, the chapter on neuropsychologic testing outlines several approaches to testing. The memory clinic model depends on important collaborations with the inevitable give and take and organization and is intuitively the optimal model for care. It is expensive for what some of my colleagues working in the developmental phase of life have referred to as "end-stage brain disease". Politicians and administrators concerned with costs of health care have already begun to look to cheaper ways involving fewer disciplines and the case of cost-effectiveness will need to be made.

An appendix is included that consists of a survey of the clinics in which the collaborating authors work. After reading the book there were few surprises in the results of this survey. Some clinics see a very large number of patients, assessments may be extensive and time-consuming and regular follow-up, which in my experience is critical, seems quite variable. An assessment of the various memory clinic models would be of interest. This is a superb book that I strongly recommend to neurologists who see dementias but also to anyone involved with the diagnosis and care of the demented. Policy-makers would benefit greatly from it. The editors are to be congratulated.

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SPINAL CORD MONITORING: BASIC PRINCIPLES, REGENERATION, PATHOPHYSIOLOGY, AND CLINICAL ASPECTS. By Erik Stalberg, Hari Shanker Sharma, Yngve Olsson, eds. Published by Springer-Verlag Wien, New York. 525 pages C$279.72 approx.

Electrophysiological monitoring of the spinal cord by motor and somatosensory evoked potential techniques is a valuable adjunct which enhances the safety of complex neurosurgical and orthopedic spinal procedures. The book "Spinal Cord Monitoring" by Stalberg, Sharma and Olsson seeks to integrate basic aspects of spinal cord injury investigation and pathophysiology with clinically applied aspects of intraoperative spinal cord electrophysiological monitoring. The editors include a clinical neurophysiologist, neuroanatomist/cell biologist, and a neuropathologist, all of whom are based at Uppsala University, Uppsala Sweden. The chapters have been contributed by a multidisciplinary, international group of basic and clinical investigators.

The book is divided into six sections which review: a) the neurochemistry and vascular pathophysiology of the spinal cord; b) selected aspects of spinal cord repair and regeneration; c) selected novel techniques to record spinal cord bioelectric activity; d) the relationship between changes in bioelectric spinal cord activity and pathophysiological derangements after traumatic spinal cord injury; and e) and f) the application and interpretation of spinal cord monitoring to clinical practice.

The task of integrating the above topics is a challenging one and the book exhibits some of the problems inherent to multi-authored texts. Although not entirely successful in providing a seamless integration of basic and applied research, this book is worthwhile reading for clinical neurophysiologists and evoked potential