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.

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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

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tone and gait, but tests for the “primitive reflexes” are not recommended. Chapters discuss the current cognitive enhancing therapies approved for Alzheimer’s disease (they get a favourable yet guarded review) and the management of disturbed behaviour, typically occurring in more advanced Alzheimer’s disease.

Clinical vignettes with explanatory comment end each chapter and are very helpful in filling in and reinforcing the account. There is a glossary and throughout there is a conscious effort to avoid technical jargon and formal rhetoric.

Although the practicality of care for dementia requires streamlining of assessment methods (for example, full neuropsychologic testing and imaging need not be routine), neurologists should not be deceived into abandoning their time-honoured algorithm of lesion localization. Neurologists should have a wider perspective of lesions causing the various symptoms of dementia and generally find the Mini-Mental Status Exam a limiting yet guarded review) and the management of disturbed behaviour, typically occurring in more advanced Alzheimer’s disease.

The authors emphasize that we need to be aware that vascular risk factors should be recognized and dealt with early rather than later whether or not there is co-existent Alzheimer pathology. Neurologists will be the “splitters” in this field.

Dementia is indeed an expensive disease. Just to begin, the assessments seem needlessly expensive with multiple visits involving multiple professionals (also unsung are Social Workers and nurses who have become expert in education, counseling and in the myriad social agencies in which patients and families living in a multicultural community must contend). The neurologists role typically occurring in more advanced Alzheimer’s disease.

The emergence of truly disease modifying therapies, possibly quite complex, could greatly increase this role. For the present, the collaborative approach to dementia care is a highly rewarding one and for this neurologist highly illuminating. The family physicians in the region have shown a remarkable ability to triage dementia patients, but even so, will enjoy and benefit from this manual. Even if they do not take a more active role in dementia management, it will give them important insights. The same is equally true for neurologists.

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EARLY DIAGNOSIS AND INTERVENTIONAL THERAPY IN CEREBRAL PALSY. THIRD EDITION. 2001. Edited by Alfred L. Scherzer. Published by Marcel Dekker Inc. 355 pages. CS$80.85 approx.

This is the third edition of this book, which is published as part of the Pediatric Habilitation series. It is a multi-authored book, which is primarily written by and directed to therapists dealing with children with cerebral palsy.

Chapter 1 provides a review of the history of CP and its classification. The second chapter provides a concise overview of the etiology and epidemiology of CP, which is well written, but provides little new information for medical specialists who deal with CP. Chapter 3 offers a superficial approach to diagnosis. For example, the author states that various newborn CSF components have been effective markers of hypoxic-ischemic encephalopathy, without providing further detail or discussion. This chapter covers very basic concepts of clinical evaluation, and is clearly directed to therapists rather than medical specialists.

Chapter 4 is an overview of the clinical consequences of CP and developmental delay followed by a brief overview of current treatment options. As a resource for therapists in CP clinics, the book fails to place the role of medications and their adverse effects into perspective.

Chapter 5 is an excellent overview of the history and current status of various therapies, including neurodevelopmental treatment, conductive education and patterning. On this background Chapter 6 provides a model for the multidisciplinary clinical assessment of infants with CP. The role for physicians in this model is unclear, although I presume they would be included under “other professionals”.

This chapter will be valuable for physical and occupational therapists and for speech and language pathologists. Example worksheets are provided and Chapter 7 provides models for documenting assessment data, goal setting and treatment strategy development.

Chapter 8 incorporates family needs and how they can influence treatment choices. Model forms for daily documentation are exhaustively provided. In Chapter 9 a case study is used to apply the model to an individual patient. This chapter is accompanied by an excellent series of photographs and multiple applications of the worksheets.

Chapter 10, entitled “Research in Cerebral Palsy – Yesterday and Today” provides background on evidence-based research with descriptions of the various research models from random clinical trials to “common sense”. Chapter 11 then provides examples of how evaluation of the literature and research might be applied to three issues commonly dealt with in CP treatment. Their search strategy and evaluation of the literature is helpful and demonstrates the paucity of data to support gastrostomy, neurodevelopmental therapy or early intervention for at risk infants. The book ends with a brief overview of future perspectives on CP.

Overall this may be a valuable addition to the library of therapists who treat children with CP and should probably be in the library of every CP clinic. Pediatric neurologists who specialize in CP will find this helpful in understanding the goals of their colleagues in PT, OT and speech and language pathology but I suspect that the average pediatric neurologist or developmental pediatrician will be satisfied by reading selected components within their libraries.

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PERIPHERAL NEUROPATHY: A PRACTICAL APPROACH TO DIAGNOSIS AND MANAGEMENT. 2001. Edited by Didier Cros. Lippincott Williams & Wilkins. 432 pages. CS$133.50 approx.

The preface indicates that the target audience for this 432 page multi-authored monograph is clinicians, including non-neurologists and neurologists-in-training, who need a practical source for quick reference and continuing education. After some introductory chapters on clinical approach, biopsy, and electrodiagnosis, the book