

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.

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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.

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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 uncinata attacks, auras 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.

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DIAGNOSIS AND MANAGEMENT OF DEMENTIA. A MANUAL FOR 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