Books Received


In Their Hands. 2002. By Javed Siddiqi. Published by Thieme. 217 pages. C$78.08 approx.


Book Reviews


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.
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,
Calgary, Alberta

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