

Books Received

BALANCE DISORDERS. A CASE-STUDY APPROACH. 1996. By Russell K. Portenoy and Ronald M. Kanner. Published by F.A. Davis Company/Publishers. 357 pages. \$C129.00.

COMPARATIVE VERTEBRATE NEUROANATOMY. 1996. By Ann B. Butler and William Hodos. Published by John Wiley & Sons Canada Limited. 514 pages. \$C102.00.

MELANCHOLIA: A DISORDER OF MOVEMENT AND MOOD. A PHENOMENOLOGICAL AND NEUROBIOLOGICAL REVIEW. 1996. Edited by Gordon Parker and Dusan Hadzi-Pavlovic. Published by Cambridge University Press. 343 pages. \$C91.00

NEUROPHYSIOLOGICAL BASIS OF CEREBRAL BLOOD FLOW CONTROL: AN INTRODUCTION. 1995. Edited by S. Mraovitch, R. Sercombe. Published by John Libbey & Company Limited. 408 pages. \$C72.00

PAIN MANAGEMENT: THEORY AND PRACTICE. 1996. By Russel K. Portenoy, Ronald M. Kanner. Published by F.A. Davis Company/Publishers. 357 pages. \$C129.00.

THE LIFESPAN DEVELOPMENT OF INDIVIDUALS: BEHAVIORAL, NEUROBIOLOGICAL, AND PSYCHOSOCIAL PERSPECTIVES. 1996. Edited by David Magnusson. Published by Cambridge University Press. 526 pages. \$C124.00

Book Reviews

COMPANION TO CLINICAL NEUROLOGY. 1994. W. Pryse Phillips. Published by Little Brown. 1009 pages. \$C130.00

"Companion. n. A handbook or guide to a specific subject." A person employed to accompany, assist, and live with another in the capacity of a helpful friend. Aptly named, this book is neither a compendium nor a dictionary. Certainly, it is not an encyclopedia. It is a work that successfully conveys the spectrum from the richness and diversity of our neurological heritage through the precision and complexity of neurological sciences in the '90s. The content of the book ranges from the obscure, arcane and obsolete into the contemporary and vital. Descriptions are mostly brief but cogent. The information is clinically helpful and appropriate. Authoritative sources are cited. Most often, a single reference is deemed enough to suffice and probably does.

Definitions are clear, incisive, inclusive, richly articulate and manageable. Best of all, they are mostly memorable. Some even betray the authors wry, dry humour.

Charts are liberally used to edify classifications, diagnostic criteria and tests as well as clinical scales, scores and indices. Biographical sketches vary from cryptic to extensive, their duration seemingly reflecting the perceived contribution of the subject but often expanded to provide some historical colour and intrigue. Some of the biographies are even critical and provocative. Eponymous designations permeate neurological history and lore and extend into everyday neurological conversation. These permeate the Companion as well without apology or qualification. Most are enriched by the appended biographical sketches and are perhaps validated by the bracketed alternative designations. (Which you would prefer as more useful or even meaningful: "Lennox-Gastaut syndrome" or "Severe myokinetic epilepsy of childhood with slow spike and wave"?)

This unique volume represents the author's endeavour to enhance precision in description and diagnosis of neurologic disease. He has succeeded admirably.

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OPERATING ON THE FRONTIER. MEMOIRS OF A PIONEER CANADIAN NEUROSURGEON. 1995. By Dr. Frank Turnbull. Published by Harbor Publishing. 301 pages. \$C30.00

While an intern at the Toronto General Hospital in 1929,

Frank Turnbull admitted a man one evening to the neurology ward whose poor condition and physical findings seemed consistent with a diagnosis of subdural hematoma. This was a condition that the young doctor had not yet come across, but the presentation seemed typical from what he had read. The staffman was called in, but after examining the patient he disagreed, favoring stroke as the diagnosis. The neurologist imperiously overruled Turnbull's attempt to have the man transferred to Dr. Ken McKenzie's neurosurgical service. Turnbull was present at the post-mortem, and when a huge subdural hematoma was discovered, he stormed out of the autopsy suite and immediately located Dr. McKenzie to request a transfer for neurosurgical training. And so this twist of fate, and one patient's tragic and preventable outcome, had at least one good come of it: setting young Turnbull on a course for neurosurgery. In Dr. Turnbull's long awaited memoirs (this year he turns 92 years of age) we can now learn exactly how fascinating that course was. And reading between the lines (Dr. Turnbull possesses a neurosurgeon's typical modesty) we can also get a sense of the significant service Dr. Turnbull has provided both his country and profession alike.

Not strictly chronological or autobiographical, Dr. Turnbull tells us at the outset that "I tried to avoid telling every damn thing I know". Considering the uncanny powers of his memory, it's probably a good thing. Frank was born in Goderich, Ontario, the first son of a progressive and well regarded country surgeon, a doctor who was also endowed with a certain good sense: he waited until his mid forties to marry and then wed a lovely girl 21 years his junior! Frank was named after his father's brother, also a doctor, who had died in a tragic canoe accident several years before. His dad's hopes of having a brother join him in practice in Huron County ruined, the family moved to the west coast for a fresh start in 1907. Frank describes growing up in the young city of Vancouver, an interesting account for anyone from that beautiful city, his education at the University of British Columbia, and an incongruous stint as an international seaman. This all before following his father's, and uncle's footsteps in medicine at the University of Toronto. Frank graduated in 1928.

Dr. Turnbull, the first official entrant into the University of Toronto's "Gallie Course" in surgery, trained with Dr. McKenzie at the Toronto General Hospital in 1931. McKenzie transmitted to his resident his "infectious enthusiasm for neurosurgery, and his superb surgical technique." This chapter contains some wonderful

anecdotes, such as the time, during a seven hour operation for meningioma under local anesthetic, that Dr. McKenzie stopped to rest while he, the patient, and assistant (Frank), all had tea.

This was followed by a year's clinical clerkship in neurology at the National Hospital, Queen Square, under the illustrious trio of Gordon Holmes, George Riddoch and Charles Symonds, all subsequently knighted. While in London he also had an opportunity to observe the very different operating styles of the then leading British neurosurgeons Hugh Cairns (Cushingoid slow) and Sir Percy Sargent (lightning fast). From London Dr. Turnbull and his wife Jean traveled on to Breslau to visit the German neurosurgeon Professor Otrid Foerster, and his chief assistant Dr. Ludwig Guttman. Nazi Germany of 1933 left some indelible memories, laden with foreboding, but we are provided some interesting glimpses into the everyday lives and work of these neurosurgical giants.

From Europe it was back home to Vancouver to introduce the specialty of neurosurgery to western Canada. It was an inauspicious start for a still fledgling surgical craft. After turning down a bone flap on his first patient with a suspected brain tumor, beneath a gallery unexpectedly crowded with interns, nurses, and staff doctors, he was unable to locate a tumor! It was Dr. Turnbull's estimation that the audience, by that point, would have regarded removal of a tumor as a near-miracle. He tells us, however, that "having seen one try hard and fail, they were satisfied and friendly." Dr Turnbull inherited his father's dedication to post-graduate training, and he traveled regularly to the Cushing Neurosurgical Meetings and to other clinics to pick up new techniques and ideas. In doing so he became personal friends with neurosurgical pioneers throughout North America and helped keep Canadian neurosurgery on the international "scene". Travel overseas as a neurosurgical consultant for the Canadian army during World War II provides us some vivid and chilling recollections. There he reacquainted himself with some eastern medical colleagues, including Lt. Cols. Harry Botterell and Rick Richardson at Basingstoke, Majors Bill Keith and Fred Kergin in Antwerp, and a host of American and British neurosurgeons all practicing neurosurgery with utter commitment under trying circumstances.

It is profitable for a neurosurgeon to read about the evolution of his specialty, and learn what our forefathers were up against just several decades ago. The improvements in management for various tumors, brain abscess, hydrocephalus, head injury, epilepsy, and one of Dr. Turnbull's particular interests, pain, over one "pioneer's" career are succinctly reviewed. Although Dr. Turnbull has told me that neurosurgery today reads like science fiction to him, I think our day-to-day practice is in fact less different than he thinks. For example, I found especially interesting his description of the introduction of discectomy to medicine in the 1930s. As often as the operation fails us, a regular examiner of patients with intractable and severe sciatica nevertheless wonders how mankind managed with this condition up until this century when the cause was finally recognized and a treatment devised. Dr. Turnbull was the first to perform lumbar discectomies in Vancouver. He had an orthopedic surgeon assist him on his first case, and while the bleeding was terrific (the patient was lying face down, flat on his unsupported abdomen), it did have the salutary effect of putting his assistant and other local orthopedic colleagues off the operation for a long time. Of course, in time spinal surgery eventually was irresistible to this group, and Dr. Turnbull subsequently went through a period 40 years ago that we are

unfortunately reliving today: carrying out the decompression and then turning the case over to the orthopods to perform a fusion. He found that "this combination proved to be of doubtful value." No kidding.

Over the course of his career Dr. Turnbull played an active role in his provincial and our national medical associations, including presidency of both. He held high office in the Canadian Medical Association through the socialization of medicine across our land, turbulent times not dissimilar to our own. His comments on problems dealing and negotiating with government ring true today. Finally, and after retiring from surgical practice at age 65, Dr. Turnbull had a second career with the Workers' Compensation Board. He is not the first "retired" neurosurgeon who has left me with the feeling that a stint with the board would probably serve one better *prior* to embarking on a career in surgery.

This story is finely written by a man who uses language carefully. Given that Dr. Turnbull is a great fan of James Joyce, I don't think he will mind me describing this wonderful book as being, in addition to a neurosurgical life recounted, "a portrait of a neurosurgeon as an old man". If it is any consolation to those of us working too hard in the business today, my experience with every retired neurosurgeon I have ever met is that a life-long study of the central nervous system seems to have a remarkable preservative effect on one's own. And while we can never hope to have a life as long, rich and rewarding as the author's, we can take comfort also in seeing, through his memoirs, what we have a chance to some day become: wise, charitable, humble, and content. And by the way, you might as well take comfort in that – none of those retired neurosurgeons I've met were particularly rich!

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CONGENITAL MALFORMATIONS OF THE BRAIN. PATHOLOGICAL, EMBRYOLOGICAL, CLINICAL, RADIOLOGICAL AND GENETIC ASPECTS. 1995. By Margaret G. Norman, Barbara C. McGillivray, Dagmar K. Kalousek, Alan Hill and Kenneth J. Poskitt. Additional contributions by Laurence E. Becker, D. Douglas Cochrane and Maximillian Muenke. Published by Oxford University Press Canada. 452 pages. \$C135.95.

What a magnificent gift Dr. Margaret Norman and her colleagues at the University of British Columbia have offered us in this scholarly monograph on cerebral dysgenesis! This book integrates various clinical, genetic, imaging and neuropathological aspects of cerebral malformations and summarizes the long experience of the authors as well as provides a review of the extensive literature on this complex topic. This is truly a "modern" embryological approach because not only are traditional gross and microscopic aspects of the various malformations of the brain described, but the recent molecular biological and genetic programming data relative to CNS development also are incorporated in attempting to understand the pathogenesis of malformations and the role of encoding and transcription. A table added at the end as an appendix summarizes data on chromosomal and genetic localization of defects associated with specific known dysgeneses such as the lissencephaly of Miller-Dieker syndrome. Integration of new imaging data for clinical diagnosis of living patients and classical neuroembryology and neuropathology as descriptive morphology is well done.

The book is organized into 21 rather traditional chapter headings, beginning with normal ontogenesis and progressing to chap-