Book Reviews

The book comprises two parts: **Fundamental concepts**, including atheroma, epidemiology, hypertension and stroke, cerebral blood flow and metabolism and pathophysiology of cerebral ischemia and **Clinical applications**, subdivided into sections on ischemic cerebrovascular disease, venous occlusive disease and hemorrhagic cerebrovascular disease.

Sean Moore has written a clear interpretative chapter of the dynamics of atherosclerosis and its clinical implications. John Kurtzke’s chapter on epidemiology and risk factors in thrombotic brain infarction is crisp, well organized but in areas of controversy often sports more assurance than proof. The clinical chapters also represent clear summaries of the “state of the art”, as the editors intended. The difficulties arise when the reader tries to get guidance on specific cerebrovascular problems. Thus Ginsberg and Cebul in chapter 9 site the contradictory literature on the management of asymptomatic bruits without committing themselves and warning that no management alternative “offers a clear medical benefit without simultaneously conferring increased risk of either short or long-term morbidity and mortality” (p. 241). Upon reaching chapter 11 one can find a more aggressive approach: “asymptomatic patients with pronounced stenosis and reduced retinal artery pressure may be candidates for surgery” (p. 293). In the same chapter Sundt and Dyken advocate temporal artery to middle cerebral bypass surgery partly based on the unreferenced work of two unnamed “teams of investigators” who showed that the cortical perfusion pressure in patients with a chronic internal carotid occlusion was approximately 50% of the peripheral pressure. Following bypass surgery the perfusion pressure increased immediately and the authors speculate that the cortical perfusion pressure would increase further with the delayed dilatation of the graft. Perfusion pressure is but one of the factors affecting cerebral blood flow, which as far as one can tell, was not measured. Moreover, no data were given to support the view that these hemodynamic changes make a clinical difference. The burden of proof should be on those who would make the management of cerebrovascular disease more complex, costly and hazardous.

Ross Russell’s book remains the best reference on cerebrovascular diseases, Barnett’s the best update and value ($14.40) and Harrison and Dyken’s book provides a well balanced and comprehensive approach. Their shortcomings reside in the inherent unevenness and contradictions of multi-authorship.


The volume reviewed is the third in a new neurology series being published by Butterworths. Harrison is a consultant neurologist at the Middlesex Hospital in London, Ontario, Dyken the professor of neurology at Indiana University in Indianapolis. Both are seasoned clinicians who have made original contributions to the cerebrovascular field. They have distinguished themselves by posing and sometimes answering basic clinical questions and are well qualified to write a book on cerebral vascular diseases.

**MULTIPLE SCLEROSIS EAST AND WEST,** Edited by Yoshigoro Kuroiwa and Leonard T. Kurland, published by Karger University Press. 398 pages. $118.75 U.S.

One of the most remarkable features about multiple sclerosis is the extraordinary geographic distribution. Information on the Oriental occurrence of MS is sparse, although early reports suggest that a low frequency and differing clinical characteristics from that in the West. This volume edited by Dr. Kurland, the distinguished MS Epidemiologist and Dr. Kuroiwa who has been largely responsible for the intensive study of MS in Japan and elsewhere in the Orient represents the proceedings of the Asian multiple sclerosis workshop and the satellite symposium on multiple sclerosis held in September of 1981.

The book is fascinating in several respects, and presents data from several Asian countries. It seems reasonably clear that multiple sclerosis is rare in Asian countries and when it...