comprehensive, high yield, pocket-sized neuro-ophthalmology handbook available.

This is indeed the authors’ “opus” and I admit to feeling twinges of jealousy towards the readers of this book, since they will have clinical pearls in neuro-ophthalmology handed to them on a silver platter, compared to the past few years of struggle I engaged in to acquire the same understanding. Not that the book is equivalent to a “neuro-ophthalmology fellowship in your pocket”, but rather it is aimed at the level of medical students, residents, ophthalmologists, neurologists and neurosurgeons who may be either participating in a neuro-ophthalmology clinic or rotation, or preparing for their qualifying examinations. This is also the ideal book for optometrists, general practitioners, and other clinicians who want to be able to better recognize neuro-ophthalmic problems, and have quick access to algorithms, differential diagnoses, management plans, and examination techniques for these complex patients.

Neurologists are good at thinking about clinical problems and relating them back to a framework that allows localization. Ophthalmologists are good at visual pattern recognition, and using tools that extend the physical examination. Neuro-ophthalmologists must be good at both, and this book goes a long way towards teaching how to think like a neuro-ophthalmologist, and how to use the tools of the trade. By including over 900 high-quality images and illustrations it also functions as a visual atlas which meets the need for the development of strong visual pattern recognition skills.

This is the first book I have seen which includes MRI images with superimposed line-drawn anatomic pathways of the visual system. Most photos and illustrations include arrows pointing out pathology or key findings. In fact, I value this book so highly that I bought a copy for each ophthalmology and neurology resident at the University of Saskatchewan for Christmas (no ulterior motives here). The residents tell me that they really appreciate how the concepts are succinctly explained and how the accompanying images and diagrams make neuro-ophthalmology much easier to understand.

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Rated **UNAVAILABLE**

The performance of most skull base surgery requires a clear understanding of complex anatomical relationships, often distorted by an underlying pathology such as tumor or vascular disease. Cadaveric anatomical dissections are frequently used to learn this anatomy, but in a context that is typically detached from a ‘surgical approach’ state of mind. Wanibuchi, Friedman, and Fukushihima have created a wonderful book that guides the reader through skull base anatomy organized according to surgical approaches. The book is illustrated with over 1100 high quality color photographs that provide a step-by-step guide to surgical anatomy as each surgical corridor is established and extended inward to reach its objective. Importantly, each approach begins with mapping out the skin incision, an essential part of surgical planning, and works though bone removal issues before advancing towards the intradural structures. The book is organized according to a logical surgical schema and it is very easy for the reader to open up to a section and begin to use as a teaching tool and surgical guide.

“Photo Atlas of Skull Base Dissection” is highly readable and will be a valuable resource and of interest to neurosurgeons and otolaryngologists, residents and fellows involved in skull base surgery. It will be used over and over again for surgical preparation. The one thing lacking in this otherwise wonderful book is a three-dimensional element. Surgery is always a 3-D activity and efforts to embrace this quantity should ultimately become an essential component of any text. An early effort to accomplish this was brought forward by Krause and Bailey in their 1994 book “Microsurgical Anatomy of the Brain. A Stereo Atlas”. I recommend this book, also oriented towards surgical approaches, as an example of what is possible when 3-D is available and hope that future work exploits this potential advantage.

Mark Hamilton
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**REFERENCE**


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