

En parcourant ce petit livre, on pourrait croire que c'est une réédition de l'ouvrage classique de Mme Amiel-Tison sur les techniques d'évaluation neurologique du nouveau-né, mais en lisant de façon plus attentive il renferme tant de matière nouvelle qu'il mérite d'être considéré comme un traité original. Mme Claudine Amiel-Tison est une des autorités les plus reconnues au monde en ce qui a trait à la neurologie néonatale, et elle est une «vedette» admirée universellement dans le domaine du développement dans l'enfance. Son nom et celui de son coauteur Albert Grenier, sont déjà bien reconnus en Amérique du Nord autant qu'en France.

Le livre actuel traite de l'examen neurologique et des changements qui accompagnent la maturation au cours de la première année. Le texte est assez bien documenté en ce qui a trait aux observations scientifiques et il est construit de façon si concise que c'est un plaisir de le lire. La monographie est illustrée à profusion avec des photographies et des dessins montrant les postures, les réflexes, les manoeuvres et les techniques de l'examen décrits dans le texte. Des tableaux sont également utilisés. L'organisation du livre est systématique, logique et facile à suivre. Les travaux d'autres auteurs sont cités, mais la plupart du texte est consacré aux études et aux expériences des auteurs eux-même. Je n'ai trouvé que très peu d'assertions avec lesquelles je n'étais pas tout à fait d'accord.

Les auteurs groupent leurs données sous des thèmes généraux en facilitant l'accès évoquant de temps en temps des interprétations imaginatives. Pour ce qui est du gradient caudo-céphalique dans le développement du tonus musculaire et des fonctions motrices chez l'enfant prématuré, par exemple, les auteurs insistent sur l'observation que le gradient s'inverse ensuite pendant la première année, devenant une progression céphalo-caudale du contrôle moteur, celui-ci progressant plus rapidement au niveau des membres supérieurs que des membres inférieurs. Les «états évoqués de communication» et la «motricité libérée» sont des signes de valeur pour faire précocement le pronostic de normalité chez le nouveau-né souffrant d'asphyxie néonatale.

L'appendice à la fin du texte consiste en une série de listes de contrôle de l'examen systématique. Les pédiatres, et plus particulièrement les néonatalogues, sont complètement séduits par de telles listes de contrôle où tout semble noir et blanc sans ombres de gris gênantes, mais la majorité de neurologues considéreraient ces listes plus appropriées aux infirmières, de telle sorte que l'appendice sera un point positif pour les pédiatres et un point négatif ou indifférent pour les neurologues. Néanmoins les auteurs évitent avec sagesse d'établir une cote numérique à partir des résultats de l'examen neurologique.

En conclusion, à mon avis cette petite monographie devrait faire partie de la bibliothèque privée des neurologues pédiatriques et je la recommande sans hésitation. Une version anglaise sera publiée cette année ou l'an prochain par l'«Oxford University Press» à New York.

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THE CEREBRAL VENOUS SYSTEM AND ITS DISORDERS. Edited by Kapp and Schmidek. Published by Grune & Stratton, Inc. 637 pages. \$120.25 Cdn.

This is a multi-author volume which attempts to collect and organize current knowledge about the venous system of the

brain and its disorders. Slightly less than half the volume is devoted to basic science and the remainder to clinical, surgical and pathological aspects of disease.

The book is produced on high quality paper and is particularly noteworthy for the high standards maintained for all illustrations, including drawings, radiographic reproductions and photographs of clinical material. The chapters on anatomy and physiology are particularly well written and clearly reflect, with up-to-date references, our current knowledge in this area.

The chapters related to clinical topics are of more variable quality and should probably have been more tightly edited. Some of the difficulty arises here because we are dealing with a relatively rare group of disorders and it is impossible for any individual to have more than a limited experience with any one. The frequency of Sturge-Weber syndrome almost certainly does not warrant it a separate description by three different authors.

The chapter on Cerebral Venous Thrombosis is comprehensive and well referenced. As it was written before widespread availability of digital intravenous angiography, the role of this technique in the investigation of cerebral venous disorders is not mentioned. It has now become obvious that this is the technique of choice for investigating such patients and it allows one to obtain higher quality pictures of the venous side of the circulation than conventional angiography, in a less invasive fashion. The chapter on cerebral venous malformations provides a wonderfully illustrated description of the radiological anatomy in a group of patients studied by the authors. There is an overemphasis on the association between carotid artery disease and central retinal vein occlusion, one that is not borne out in recent series.

Overall I feel this book serves a useful purpose by collecting current information about the cerebral venous system and its disorders in one volume. I would recommend this book for libraries, or Neurologists with a special interest in cerebrovascular disease.

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ALZHEIMER'S DISEASE: THE STANDARD REFERENCE. Edited by Barry Reisberg. Published by Collier MacMillan Canada Inc., 1983. 475 pages. Illustrated. \$69.95 Cdn.

The preface states that the intent of this volume is to be a "comprehensive and up-to-date text to serve medical students, practising physicians, and other health professionals". This is a difficult task for a text in a field that is so rapidly expanding, yet this volume accomplishes most of what it sets out to do.

Each of the book's thirteen sections consists of concise chapters written by experts in the field. The references are comprehensive and up-to-date. The introductory chapter does an admirable job of establishing definitions. This is important in view of the rapid changes and potential confusion to which this field is subject. The concept of Primary Degenerative Dementia which it highlights is useful since at our present level of knowledge several degenerative dementias are clinically indistinguishable from Alzheimer's Disease. The sections on the Neuropathology and Neurochemistry of Alzheimer's Disease are two of the longest sections in the book reflecting the active ongoing research in these two disciplines. Since the book was

published in 1983, there necessarily are some points that have changed. For example, we now know that some antisera to neurofilaments cross-react with the paired helical filament, contrary to the statement made on page 52. The section on Pharmacologic Investigation into the treatment of Alzheimer's Disease provides informative descriptions of the agents that are under trial for the treatment of degenerative dementias. Other sections of the book cover the Epidemiology and Genetic factors, Clinical Diagnosis and Differential Diagnosis of Alzheimer's Disease, Psychometric Diagnosis, Special Diagnostic Procedures, Clinical Syndromes Associated with Alzheimer's Disease, Non-Human Models of Alzheimer's Disease, Psychotherapeutic Approaches of Management to Alzheimer's Patients and their Families. Clinicians, will find the chapter by Fuld on Psychometric Differentiation of the Dementias especially helpful, but may be disappointed in the section on the Clinical Diagnosis and Differential Diagnosis of Alzheimer's Disease and related disorders. This latter section is too brief and provides little useful information on the various clinical presentations of Alzheimer's Disease and related disorders.

The book on the whole is quite informative not only for the medical students and practising physician but also to the neurologist, psychiatrist and geriatrician working in this field.

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RECENT DEVELOPMENTS IN PARKINSON'S DISEASE. Edited by Stanley Fahn, C. David Marsden, Peter Jenner, and Paul Teychenne. Published by Raven Press, New York, 1986, 375 pages. \$75.00

This volume consists of papers presented in October 1984 at a workshop on Parkinson's Disease. It is divided into six chapters. They deal with: anatomy, biochemistry and pathology, imaging of dopamine and receptors, MPTP-induced parkinsonism, pharmacology and long-term treatment, use of bromocriptine, and use of other dopamine agonists. The contributors include many leading authorities on Parkinson's Disease.

The chapter on anatomy, biochemistry and pathology is up-to-date, though without any remarkable new developments.

While the efforts of the 1950's led to drug-induced parkinsonism animal models, the 60's featured discovery of dopamine deficiency and use of levodopa, the 70's was dedicated to therapeutics, the diagnosis of Parkinson's Disease, however, remained an exclusively clinical exercise. The chapter on dopamine and receptors deals with a development of the 80's — the use of PET scanning in diagnosis. It could help us to determine the natural progression of the disease. Very few centers today have access to PET scanners. It is a "recent development" and promises to add significantly to our knowledge.

MPTP-induced parkinsonism is another development of the 1980's. The mechanism of its toxicity has now been elucidated, namely MPTP is oxidized by MAO-B oxidase to MPP⁺. There are some indications that those exposed may develop a progressive neurological deficit thus resembling the idiopathic disease. The pathology is however, limited to the substantia nigra and there are no Lewy body inclusions. It has been postulated that MPTP, in conjunction with some other environmental factor, may be the cause of idiopathic disease.

The pharmacology and long-term treatment chapter is not as strong as the other chapters are.

The use of bromocriptine in Parkinson's Disease has been discussed by a number of workers with considerable experience, including Donald Calne who first reported that in 1974. The issues of when, how, and how much to use are discussed. Most reports indicate that the best time is early, in conjunction with levodopa, and in a small dose. This chapter is worth reading for anyone who treats Parkinson's Disease patients.

Clinical trials on other dopamine agonists — pergolide and lisuride clinical trials are reported. Their side effects preclude a widespread usage. Mesulergine resulted in testicular tumors in rats and therefore human trials have been terminated. Patients who become resistant to one dopamine agonist may respond to another agonist, therefore, a search for safer agonists is essential.

On the balance, this book is not for practising neurologists who see an occasional parkinsonian patient. However, neurologists would be well advised to read the chapter on the use of bromocriptine. This book is a necessity for all libraries in departments with residency training programs and is a must for those who are actively involved in Parkinson's Disease research. On the whole, the effort succeeds in bringing into focus the "recent developments in Parkinson's Disease".

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HOW TO EXAMINE THE NERVOUS SYSTEM, SECOND EDITION. By R.T. Ross. Published by Elsevier Science Publishing Company, Inc., New York, 1985. 274 pages.

In this age of sophisticated electrophysiological "functional" testing and computerized imaging, it is fashionable to suggest that clinical examination of the nervous system if not an obsolete relic of the nineteenth century is no longer cost-effective, or that at most, a simplified "screening" assessment will tell you where to aim the technology. Current de-emphasis of physical examination applies not only to the nervous system. Indeed, cardiologists freely admit to the atrophy of their skills in examination of the heart. However, bedside testing of smell and taste and the use of the tuning fork (256 or 512 Hertz) are still to be advocated in the absence of readily available electrogustometry, angiography and computerized imaging. As Ross has pointed out elsewhere, lack of skills in neurological examination on the part of physicians will only enhance skills in the courtroom on the part of lawyers.

There are a large number of books, some only locally available describing in various degree, methods of examination of the nervous system. Perhaps, most clinical neurologists harbour the conviction that they carry in their hoary heads proofs of the definite manual for mandatory assessment of the nervous system, full of pithy wisdom and iconoclasm. Robert T. Ross is a distinguished senior neurologist and teacher of critical and independent mind and known as the founding editor of this journal. It is therefore a pleasure to see the approach to the new expanded version of his "How to examine" book which is in paperback. As in most of the genre, it includes directions for each manoeuvre, liberally accompanied by drawings and with appropriate discussion of anatomy, physiology, abnormalities to be encountered and pathologies. But more than that this book can be said to be "fully explicit". Instructions are given