

out the encyclopedic presentation of pertinent information of a neurologic nature. The chapters are written by highly experienced neurologists, and contain many accounts of their clinical wisdom in dealing with common and uncommon neurological disorders.

I was particularly attracted to the tables in these volumes, which are very well constructed and user friendly. Many of the diagrams and graphics in these volumes are from original neurological literature, and their overall quality is quite acceptable. Neuroradiological and neuropathological images are of reasonably high quality. There are color plates throughout both volumes. The color plates are excellent, however, in the volumes that I reviewed, the multiple color plates of the optic fundi were misplaced from chapter 15 to chapter 13.

The editors restricted the contributors in the number of references that they could include in each chapter. References are limited to publications since 1988, with no more than two references per page. Further, at the end of most chapters there are a few valuable references for further suggested reading.

This book should appeal to any one with an interest in clinical neurology. Not only will these volumes act as a significant reference for neurologists, they contain much useful clinical information, particularly with relation to the approach to neurological disorders. Even the most seasoned clinician will gain some new insights into clinical neurology every time they open these volumes. As I frequently do with books that I am asked to review, I kept them near at hand, and consulted them on a regular basis for a few weeks to gauge their utility in every day practice, and to use them as a resource for teaching in our neurology training program. On each and every occasion that I consulted these volumes, I was not disappointed with the information found in regard to each clinical problem or neurological disorder that I was reviewing.

Thus, the neurologist in private clinical practice, the subspecialist in neurology looking for a comprehensive overview of neurology, as well as the trainee in neurology will find it well worth their time to read and consult these volumes on a regular basis. In fact, when I went to look for the original edition of these volumes, I found them in our residents' room, where they have been used extensively over the past five years by our house staff. The volumes in their room were well worn, and falling apart from overuse.

I highly recommend these volumes. They are an excellent source of knowledge and wisdom regarding neurological disorders in 1996. If you plan to purchase these volumes, then I would strongly recommend that you consult them frequently.

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**PARKINSON'S DISEASE, A GUIDE FOR PATIENT AND FAMILY. FOURTH EDITION. 1996. By Roger C. Duvoisin and Jacob Sage. Published by Lippincott - Raven Publishers. 182 pages. \$C26.00**

In treating a large number of Parkinson's disease patients, I have come to appreciate that the optimum relationship to help deal with this chronic progressive neurodegenerative disorder is

a partnership between physician, the patient and their family. Each individual is different in how Parkinson's disease affects his/her and their family's lives and few generalizations can be applied to all patients through the course of the disease. In trying to help achieve a patient's individual goals it is very important that the physician, patient and family attempt to be on the same wave length. In my experience, the better informed patients and their families are about their condition, the easier the task is to define strategies to improve quality of life. Patient education is therefore a very important process in identifying what to look for, considering therapeutic options and providing expectations and hope for the future. How can this information be offered in lay terms? There are a number of strategies including time spent with the patient and their family by physicians and other health professionals, encouraging participation in a regional Parkinson support group, and access to newsletters and reference books specifically oriented to their needs. *Parkinson's Disease, A Guide for Patient and Family* by Roger Duvoisin has been a standard reference to accomplish these goals and is now available in its fourth edition.

Dr. Duvoisin was joined by his colleague Dr. Jacob Sage for this edition. Both are internationally known neurologists with extensive experience both in the clinical and research aspects of this condition. The authors have been successful in compiling an extensive volume oriented to lay people who are interested in Parkinson's disease. They cover a large variety of topics including a discussion of the etiology, typical and atypical symptoms, various aspects of drug treatment and surgical therapies. I appreciated their coverage of some of the non-medical approaches including dietary considerations and exercise in helping Parkinsonian symptoms. Their historical perspective chapter is very interesting and provides a synopsis of the tremendous advances in the understanding of Parkinson's disease. This is enhanced by the personal perspective that only someone like Roger Duvoisin can offer since he has been a major figure in Parkinson's disease research for over three decades. They have also included a chapter on current research topics. This edition has been updated as there have been extensive changes in our approach to the Parkinson patient.

There are a number of features of this edition that are problematic. There are repeated references to Parkinson's disease most likely being a genetic disorder. Drs. Duvoisin and Sage have a specific research interest in this topic and firmly believe that Parkinson's disease will be shown to be an autosomal dominant disorder. This has, however, not been proven and is hypothetical. It is my concern that when patients and families read this they will come to the conclusion that this is an accepted theory rather than a very controversial aspect of current research. This may have a significant negative impact on some families.

There are some other aspects of the book that take away from its strengths. Although the authors provide a glossary, the text is often too technical and I have concerns about the ability for lay people to understand all of the topics discussed. The discussion about drugs is thorough but not oriented to the Canadian market. Drugs that are available in Canada are not listed in the book by their trade names and in some instances

are not discussed. In addition, the Parkinson Foundation of Canada's address is not correct.

My review of this book is therefore mixed. The objective of the book is partially met with good information about Parkinson's disease and its treatment. Unfortunately the style of writing, the inappropriate focus on the potential genetic etiology of this disorder and the lack of "Canadian content" take away from its strengths.

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**DIGITAL EEG IN CLINICAL PRACTICE.** 1996. By Peter K.H. Wong. Published by Lippincott-Raven Publishers. 296 pages. \$C111.00

I can think of no-one whose background, interests and capabilities would better equip him or her to write a book on digital EEG than those of Dr. Wong. Therefore, this work represents an entirely appropriate match of ability and orientation with subject matter. Indeed, the illustrations are surprisingly clear given the quality of many printers attached to digital EEG apparatus.

A future edition might benefit from co-authorship with an electroencephalographer who is less familiar with the technical aspects of digital EEG than is Dr. Wong. This would create a more "user friendly" introduction which might benefit from instructive diagrams and a more practical "how to do it" approach. Prominent in such an introduction might be guidelines as to how a digital EEG product should be evaluated by the potential buyer. This applies not only to a demonstration of the full capability of the setup, but also a complete detailing of its limitations.

One such example is the annoying vertical lines which makers and vendors of such printers feel all electroencephalographers treasure. Dr. Wong had no option but to include several examples of such print-outs.

The "clinical examples" could be subdivided by subject and so labelled. Most legends do not appear on the same page as the figures, requiring the reader to flip back and forth. This difficulty is compounded by designating montages as runs 1, 2, 3 and thus requiring the reader to memorize these after they are indicated on page 23.

Although one may quibble with some of the legends, the illustrations are generally well chosen and do illustrate how appearances may be altered by montage, sensitivity (not gain), filtering and paper speed.

How digital data are handled by his own department (Chapter 3) is a valuable inclusion.

This book will be of interest to those neurologists with prior knowledge of electroencephalography and will be a useful addition to the libraries of departments with digital components.

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**PATHOGENESIS AND THERAPY OF AMYOTROPHIC LATERAL SCLEROSIS.** *Advances in Neurology*, Volume 68. 1995. Edited by Georges T. Serratrice, Theodore L. Munsat. Published by Lippincott - Raven. 312 pages. \$C150.00

This text represents a compilation of papers presented at a conference held on October 28-29, 1994, in Marseille, France addressing the issues of pathogenesis and therapy in amyotrophic lateral sclerosis (ALS). It is remarkable in the rate of publication following such a conference and hence still remains quite current. As such, it is a text that will find a place in the libraries of clinicians interested in the treatment of ALS, clinician/scientists attempting to frame concepts of etiopathogenesis, and to basic scientists attempting to understand the clinical relevance of studying ALS.

The text, on the whole, is well-written, topical and adequately referenced. There are several chapters that are outstanding and present excellent reviews. The chapter by Munsat on trial designs is a good, balanced overview and presents a historical perspective of drug trials in ALS. This chapter should be read in the company of those by Brooks et al. and by Meisinger et al. on attempts at quantitation of disease progression and regional onset in ALS. The chapter by Pouget et al. on the diagnosis of ALS is perhaps the best to date that I have reviewed. My only concern is the inadequacy of the discussion on primary lateral sclerosis (PLS), and the omission of key references by Pringle et al. (*Brain*, 1992; *Canadian Journal of Neurological Sciences*, 1990) and Hudson et al. (*Brain Research Bulletin*, 1993). These three references delineated the clinical, pathological, and diagnostic criteria for PLS, and yet are not mentioned at all in this chapter. Rowland's paper provides some useful insight into the diagnostic difficulties that arise in the finding of a paraproteinaemia in a patient with motor neuron disease. My only concern with the chapter was a paragraph on page 97 on transgenic models of neurofilament expression. While this is included in a section on anti-neurofilament antibodies, it seemed out of place and was not brought into the relevance of the overall chapter. The chapter by Rothstein on the excitotoxic mechanisms of neuron death in ALS, and particularly the glutamate-induced neurotoxicity, is well-written, clear and concise.

These positive features are off-set by a number of minor annoyances within the text itself. The organization of the text is somewhat unusual. Clinically-relevant material is left to the latter half of the text. While useful for researchers this may not be so useful for the mainstream neurologist who wishes to pick up the text and have an initial overview of the diagnostic difficulties and the classification of ALS prior to reading about pathogenesis. The paraproteinaemia and immune-based chapters are scattered in that three are grouped (Appel, Drachman and Jeagar) and then 3 chapters later appears the chapter of Rowland. While the chapter by Mitsumoto and Pioro discussing animal models spends considerable time discussing the Wobbler mouse, the editors have stated in the preface "the Wobbler model has been extensively investigated, but its relevance to ALS is a concern". Indeed, it is a useful model for understanding pathogenesis of motor neuron dysfunction, and one of the most useful models to date for therapeutic trials. It is disconcerting from my point of view to find that the aluminum neurotoxicity models are scarcely mentioned, and when discussed, inaccurately. As stated in the chapter, "chronic encephalopathic signs" were not described in the model and hence this section is inaccurate. Similarly, the equine model was