

relative to sham surgery.¹ The most recent references cited are a couple of years old. However, the basic surgical techniques described in most chapters will likely remain relatively unchanged for a few years. Hopefully, revised editions can be produced on a regular and timely basis.

The repertoire of the spinal surgeon is expanding. Minimally invasive spine surgery is here to stay. This text is an invaluable reference for all spine surgeons to understand these procedures and to begin to utilize them.

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REFERENCE

1. Pauza KJ, Howell S, Dreyfuss P, Pelozo JH, Dawson K, Bogduk N. A randomized, placebo-controlled trial of intradiscal electrothermal therapy for the treatment of discogenic low back pain. *Spine J* 2004; Jan-Feb 4(1):27-35.

ATLAS OF NEUROLOGIC DIAGNOSIS AND TREATMENT. 2005. By R. Douglas Collins. Published by Lippincott Williams & Wilkins. 179 pages. C\$76 approx.

The following quote is taken from the preface.

“There is a need for a book that will simplify neurology and make it possible for the primary care clinicians to diagnose and treat patients with neurological conditions – a book that will heighten the awareness of non-neurologic specialists to these diseases. Atlas of Neurologic Diagnosis and Treatment is aimed at fulfilling this need.”

It then goes on to say the following:

“In order to achieve this goal, the author has adhered to the following principles:

1. Diseases are colorfully illustrated on easy to understand neuroanatomical drawings.
2. Diseases are brought to life by case reports picturing the salient features of each disease.
3. A synopsis of etiology, diagnosis and treatment accompanies each report.
4. The differential diagnosis of neurological symptoms and signs is addressed and arranged in alphabetical order for easy reference.
5. Diagnostic tests that may be ordered for each disease are listed in Appendix B.
6. Treatment of each disease is addressed in Appendix C for easy reference.
7. Rare diseases, controversial diagnostic procedures, and treatment are omitted, but the reader is referred to excellent references for further study of these objects.”

The cover of the book is very attractive and immediately catches the eye. Similarly, as I quickly scanned the pages, I noted very nice illustrations. I, thus, began my review with considerable enthusiasm.

Unfortunately, as I read the text, my enthusiasm began to decline and after completing the reading I had to conclude that I could not recommend this book to other readers, and especially not to the audience it was intended for – the primary care clinician. What follows are the main reasons for this conclusion with examples.

I would assume that when the author talks about case reports “picturing the salient features of a disease”, he would be referring to typical presentations. That being the case, choosing to illustrate diseases like multiple sclerosis by sudden onset of symptoms (page 104), ALS is a 34 year old (page 85) and myotonic dystrophy in a 40-year old with symptoms for only several months (page 101) are all poor choices. Some of the statements of fact are just incorrect (narcotics as a cause of a dilated pupil – page 59); important things are left out (for example – there is no mention of assessing visual acuity when describing how to assess the second cranial nerve - page 49 or tone when describing how to do the motor exam – page 50; and some very unusual treatments are recommended (injection of boiling water into the maxillary or mandibular branches of the trigeminal nerve for the treatment of trigeminal neuralgia – page 22).

Although this book is not supposed to be concerned with rare disease, repeatedly reference is made to rare conditions such as poliomyelitis, general paresis, Wilson’s disease, manganese intoxication, tabes dorsalis, porphyria, and periarteritis nodosa.

I would not consider listing temporal arteritis, as one of the “Treatable Diseases to be Ruled Out” in a patient who is 36-years old and who presents with a history suggestive of subarachnoid hemorrhage to be a useful suggestion – page 156. Similarly, in considering the cause of a dilated pupil it states that if there is associated eye pain then one of the things you need to consider is Wernicke’s encephalopathy – page 59. Again I would not consider this to be a helpful suggestion.

In several of the cases of spinal cord tumor – pages 111 to – 114, the CSF protein is reported. This might suggest to the non-neurologist that this would be an important investigation to do in a patient with a suspected spinal cord tumor. Current neurological practice would say that doing a lumbar puncture in a patient with a suspected spinal cord tumor would be contraindicated in most instances because of the potential for causing post-LP neurological deterioration.

Finally, in my opinion, many of the symptoms listed in the Section Titled “The Differential Diagnosis of Neurological Symptoms” are not primary neurological symptoms at all (for example anxiety, depression, back pain, hoarseness, neck pain, photophobia, eye pain, hip pain, tinnitus and sleep apnea). I would think that this section would have been more accurately labeled had it been called The Differential Diagnosis of Symptoms Which May Have a Neurological Cause.

In the last paragraph of the preface the author thanks the publisher for their assistance “in making my dreams a reality”. My review may therefore be perceived as somewhat of a nightmare.

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