

MMPI family but it is probably the case that much more work has been published with the latter. One would like to see more discussion of specific scales dealing with anxiety, sickness impact and quality of life as well as with activities of daily living (ADL) in a neuropsychological context. However, all of these variables are mentioned with appropriate references and it is again a question of the judgment of the authors as to what instruments are most often used in regular clinical practice that has guided their choices. They do admit that individual cases may merit the use of additional or alternate tests. One caveat with regard to the use of behavioural checklists could have been offered. That is that while checklists may suggest symptoms to certain patients (e.g., danger of over-endorsement either as a wish to be overly compliant with the clinician, or for factitious reasons), open-ended clinical interviews may fail to reveal symptoms (e.g., due to lack of insight, poor judgment, or poor memory). These factors are alluded to in the clinical interview section but should be more strongly emphasized.

The inclusion of two occupational and aptitude tests is probably adequate for this book since a foray into that specialty field would quickly become cumbersome.

The section dealing with malingering is generally well done but perhaps errs on the side of caution. A cogent discussion of factitious disorders, based on DSM-IV criteria, would have been helpful. Cross-validation between tasks within an assessment battery, combined with the use of specific tests, especially those relying on reaction time measures or implicit learning could have been elaborated further.

In summary, this is a highly recommended and very competent volume which should be considered as a "gold standard" for the practicing neuropsychologist. Principles of sound test construction and validation are applied to all of the instruments reviewed with excellent critical commentary. Spreen and Strauss should be commended for their contribution to the field, which represents a herculean effort. Although not intended to be a comprehensive handbook, clinical wisdom as well as scientific rigor are well balanced with the emerging opinions and advice being very sound. Diligent reading of this volume is virtually guaranteed to improve the quality of both clinical and experimental practice for even experienced neuropsychologists.

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**DIAGNOSTIC NEUROPATHOLOGY.** 1998. By Harry V. Vinters, Michael A. Farrell, Paul S. Mischel and Karl H. Anders. Published by Marcell Dekker, Inc. 669 pages. \$C292.50.

Books covering broad aspects of neuropathology tend to be of two sorts; comprehensive, encyclopedic tomes used by medical specialists as reference texts and brief, introductory manuals designed to familiarize students with this highly specialized and complex field. There remains a definite need for something in the middle ground. Residents rotating through the neuropathology service and neurology, neurosurgery and pathology residents preparing for their exams need a text which covers all the major aspects of neuropathology in sufficient depth without it being intimidating. *Diagnostic Neuropathology* fulfills this role admirably. The ten chapters cover all major categories of neuropathological disease including tumor and disorders of nerve and

muscle. With more than 600 pages of text there is ample room to provide a meaningful depth of discussion. The four authors are at various stages of their careers in pathology and each provides a different perspective and different areas of strength. As with any book written by a small number of authors, there are biases which reflect the authors' personal interests. Although topics such as neurodegeneration and HIV infection are covered in particular detail, all chapters are competently written and incorporate important recent advances in genetic, molecular and biochemical aspects of disease pathogenesis. In addition to more than 400 black and white photographs, simple diagrams are well used to illustrate and summarize key concepts. However, the major strength of this work is the very practical approach taken and the writing style which is simple and easy to read (almost intimate). This allows one to read through entire chapters without losing interest and results in a more unified view of the topic.

Despite the overall positive impression of this book, there are a few areas where minor improvements could be made. The quality of some of the photographs is suboptimal; while most of the gross photos are clear, a significant proportion of the photomicrographs lack contrast, are too dark or are at too low a magnification to adequately illustrate their subject matter. This impression is probably heightened by the frequent use of good quality color photos which is now commonplace in so many medical texts and journals. Intentionally avoiding the use of numerous subheadings allows the text to flow easily but it is sometimes difficult to find specific pieces of information. Finally, the short, concise list of recent references provided at the end of each chapter is appropriate and useful but these may be overlooked as they are rarely referred to in the body of the text.

In summary, this is a very useful text which is most appropriate for residents encountering neuropathology for the first time. While the cost may prohibit the number of personal copies purchased, this book will make a valuable addition to departmental libraries.

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**EARLY DIAGNOSIS OF SPINAL TUMORS.** 1997. By Aldo Fortuna, Luigi Ferrante, Pierpaolo Lunardo and Michele Acqui. Published by Masson. 83 pages. Price not available.

This brief monograph attempts to summarize the clinical presentation, radiological features, pathology and surgical therapy of spinal tumors. This includes a discussion of primary and secondary spinal column tumors as well as intradural/extramedullary and intramedullary lesions. The authors are all neurosurgeons in the Department of Neurological Sciences of the University of Rome "La Sapienza". The text has been translated from Italian and could have benefitted from more careful editing. Unfortunately, there are numerous typographic errors and awkwardly phrased sentences which detract from this otherwise nicely presented text.

The target audience has not been specified. Clearly however, the information is not sufficiently detailed or current to be of interest or value to practicing neurosurgeons. On the other hand, this slim volume could be quickly read with some profit by medical students, nursing staff or junior housestaff on a neurology or neurosurgery service. The sections on clinical presentation

and radiological diagnosis would be of particular interest to these groups. The chapter on "Pathological Anatomy" is too brief to be of much value and would have greatly benefitted from descriptive photomicrographs. Furthermore, many of the descriptive terms are not current (e.g., neurinoma). The chapter on surgical therapy is not detailed or current enough to be of interest to neurosurgeons but does outline the principles of treatment, with attractive intraoperative photographs, in such a way to be of some benefit to junior housestaff.

In summary, this brief monograph is unlikely to be of much interest to practicing neurosurgeons or neurologist. It may be of some value to junior residents, medical students and nursing staff on a neurology or neurosurgery service.

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**ENDOSCOPY OF THE CENTRAL AND PERIPHERAL NERVOUS SYSTEM.** 1997. Edited by: Wesley King, John Frazee and Antonio De Salles. Published by: Thieme. 272 pages. \$C \$219.70.

The view through the neuroendoscope has become much clearer with advancement of optics, cameras and instrument miniaturization. These technical advancements have been coupled to major technical breakthroughs in frame and frameless stereotaxy, to allow us to do more with minimal disruption of normal structures. This book in the first four chapters highlights these technical advancements both historically, those currently in use, and those that are in the development stages. However, technical breakthroughs such as neuroendoscopy, are not ubiquitously applicable to management of all neurosurgical diseases in terms of patient safety, efficacy and efficiency. Neuroendoscopy as the optimal management strategy in certain diseases I believe have been proven, with the limitation being the availability of instrumentation and operator expertise. Both these elements are of equal importance, as our ability to work with neuroendoscopes depends on the quality of the picture on the monitor, and hand-screen coordination and appreciation of a limited view of the anatomy that is somewhat novel to our conventional neurosurgical training. A chapter devoted to the endoscopic anatomy of the ventricle and use of excellent illustrations in this book aid the reader, however, hands-on training using cadavers at workshops or assisting experienced surgeons remains the main mode of training.

In general, endoscopy can be an optimal management strategy where the pathology lies within a cavity, which can be directly reached with little manipulation, is filled with a clear medium such as CSF or air. The ideal qualities of the pathology include ones which are cystic, relatively avascular, require biopsy or subtotal rather than total removal. Currently, intraventricular pathologies make up the bulk of neurosurgical diseases most amenable to neuroendoscopy, hence their justified discussion in several chapters. These include IIIrd Ventriculostomy for aqueductal stenosis (especially adult onset where the CSF reabsorption pathways are developed), ventricular cysts (benign or tumor related), ventricular tumors which require biopsy or subtotal removal. Within this latter category are colloid cysts, where the objective should be a total capsular removal, a claim that cannot be achieved under many circumstances even by experienced neuroendoscopists. This results from lack of inability to use two

instruments through a single endoscope required for bi-manual dissection, and proper visualization of the portions of the tumor extending posteriorly in the roof of the IIIrd ventricle. Admittedly use of lasers, bilateral endoscopes, refinement of cautery and other instrumentation are allowing greater removal of these and other solid tumors which may suffice in certain patients. However, whether they are overall any better compared to microneurosurgical transcallosal or trans-middle frontal gyrus approach in terms of forniceal injury, incidence of seizures and tumor recurrence still remains an open question. These issues were not adequately highlighted in the chapter comparing endoscopic vs. conventional approaches to these tumors.

Endoscopy is proven in the ENT management of paranasal pathologies, an area dealt with in this book but outside this reviewers area of expertise. Unilateral sympathectomies are also best undertaken with the endoscope, allowing direct visualization of the chain through 3-4 small portholes. General surgical endoscopes and much of their instrumentation can be utilized, though the 3D endoscopes discussed in a separate chapter provides an even greater appreciation of the anatomy. Limitations includes the relatively infrequent need for bilateral sympathectomies (where it cannot be staged), or those patients with primary pulmonary/pleural disease. The direct visualization of the sympathetic chain through the endoscope minimizes the risk of Horners syndrome or injury to the lower elements of the brachial plexus. The chapter provides excellent drawings, however, actual pictures through the endoscope may have been more informative for the reader.

The role of neuroendoscopy, however, remains unproven for most neurosurgical diseases, requiring a detailed and rational analysis by dedicated surgeons. This book does justice in presenting an enthusiastic but realistic view of neuroendoscopy in the management of intraaxial, cranial base and spinal surgeries. I am sure that the limits of neuroendoscopy will broaden with advent of further instrumentation and technology. These chapters serve well to highlight the possibilities of neuroendoscopy, but it will require careful scrutiny to determine what pathologies and in which types of patients is endoscopy truly the optimal route of management. In addition to efficacy of achieving the desired management objective and minimizing patient risks, analysis of efficiency of use of operative and hospitalization time, availability of instrumentation and training should also be considered in coming to a decision regarding which cases are best managed endoscopically. I recommend this book to neurosurgeons who are interested in pursuing or at least being made aware of this rejuvenated/novel neurosurgical armamentarium, which will certainly evolve further in the future.

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**FALLS IN EPILEPTIC AND NON-EPILEPTIC SEIZURES DURING CHILDHOOD.** 1997. Edited by A. Beaumanoir, F. Andermann, G. Avanzini and L. Mira. Published by Faber Book Services for John Libbey & Company. 223 pages. \$C50.70

This most interesting monograph is clearly an international work, with input from European and North American authorities, with the uneven input of a multi-authored text.

The most revealing aspect of this work pertains to the use of