

figures of radiological imaging and pathological specimens, which properly add a visual dimension to the described diseases in the text.

The readers will learn more effectively about epilepsy, if they read an entire section of this book at a time. Each "section" resembles a puzzle composed of smaller "chapter" pieces. Therefore, the reader will see the big picture by putting the pieces together after reading all chapters of the section. In addition, more advanced readers such as epilepsy fellows are recommended to read this book along with a specialized EEG atlas or textbook. Although there are good EEG examples in this book, EEG is not the focus of the book. Thus, having more variety of EEG examples will deepen the understanding of the topic.

A suggestion to improve the future editions is to increase the resolution of some of the EEG tracings, color printing of advanced imaging modalities, and adding color to tables and schematic figures.

In summary, this introductory book to epilepsy has a user-friendly text, which covers both basic and clinical aspects of epilepsy diagnosis and treatment. It is also accompanied with useful EEG traces, and pathological and radiological illustrations. At a reasonable price, this book is a useful resource for medical students, residents or graduates of neurology and neurosurgery and epilepsy fellows for board review purposes.

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THE EVIDENCE FOR NEUROSURGERY. 2012. Edited by Zohar Ghogawala, Ajit A. Krishnaney, Michael P. Steinmetz, H. Hunt Batjer, Edward C. Benzel. Published by tfm Publishing Limited. 484 pages. C\$150 approx.

Rated ★★★★★

"Evidence for Neurosurgery" is a foray into the challenge of providing a systematic approach to common neurosurgical disorder in the face of substantial clinical variability. It is hard to qualify this text as anything other than "gripping" and "a page turner" as Ghogawala and his team have assembled an all-star group of neurosurgeons to guide us mortals through complex and voluminous evidence. While we are all familiar with the landmark studies guiding contemporary neurosurgical practice, this text highlights that work but also identifies those gaps that are often filled with dogma and judges whatever evidence is accessible to fill them. Some of this work will serve to change our practice patterns, and some of it will serve us to better inform our patients about outcome expectations; not a page of it is wasted space.

The book begins by reviewing the types of clinical evidence and effectively explaining how various specifics of surgical

intervention preclude or affect the potential for rigorous experimental evaluation. Instead, within neurosurgery, we draw much evidence from work ostensibly lesser than randomized controlled trials, but the value of those sources of evidence must not be discounted. The topics have been divided by neurosurgical subspecialty, with each chapter organized well and effectively written. Therein, the evidence for a selected set of key points about a topic is summarized concisely but with enough information for the reader to determine its utility, and the chapters are closed with summary evidence statements for quick reference. Key studies are tabulated with outcomes of interest to provide the reader with an opportunity to see the data breadth and variability, and when appropriate, figures and diagrams are informative.

Without doubt, academic surgeons will already be familiar with their respective subspecialties, knowledgeable and often contributing to the primary data guiding their practice. Conversely, this book is ideally suited for trainees and junior faculty at the outset of their career, and also for more advanced faculty seeking to remain up-to-date about adjuvant care and novel techniques to manage their patients. Being well-referenced, it is an easy launching point for the reader to learn more about the contributing studies. Disappointing is the lack of an organized index, as one must each time wade through a broad table of contents to find a specific topic of interest.

It is a steal at the current price. Were it double, I would still support it. The drawback of this style of text is the commitment that the editor and authors face to providing periodic updates as new evidence manifests, as the information contained therein is time-sensitive and will become dated. I hope that they rise to the task and I already look forward to the next edition!

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