

instrumented/non-instrumented constructs. They touch only briefly on the controversy regarding supplemental posterior fixation following anterior intervertebral implants in the lumbosacral spine. Obviously, the rapid development of new competing constructs in arthrodesis, arthroplasty and posterior dynamic intersegmental stabilization, prevent the authors from including new constructs that are already in clinical use. Nevertheless, the principles upon which these strategies and constructs are developed have been adequately covered.

This book provides important background reading for any surgeon contemplating spinal surgery for degenerative instability as well as for related disciplines treating this patient population.

*Herman Hugenholtz
Halifax, Nova Scotia*

IMAGING IN STROKE. 2003. Edited by Michael G. Hennerici. Published by Remedical. 216 pages. C\$70 approx.

Imaging in Stroke is an up to date summary of the main diagnostic techniques for patients suffering the common cerebrovascular insults. In 216 pages, broken into 8 chapters, this text concisely outlines the role of CT, MRI, ultrasound and PET in the diagnosis of cerebral ischemia, infarct, and hemorrhage. Almost exclusively European, the authors undertake to explain the practical uses of these tools, while clearly stating the strengths and limitations of each. A strong clinical emphasis is present, making this a most useful and engaging read for anyone caring for these patients at any stage of their illness. Family practitioners, emergency room physicians, neurologists, neurovascular surgeons, and rehabilitation physicians alike will each find useful information and guidelines for the imaging of their patients.

This is not a handbook, but rather a tightly condensed textbook, and so is laid out in logical fashion to cover the topics each to a useful depth. An introductory chapter on the classification of stroke provides an excellent summary of stroke types, including data from the relevant current clinical trials. This is followed by an excellent and concise review of CT scanning in acute stroke. Replete with highly representative images, this chapter contains a font of information essential to anyone caring for acute stroke patients in facilities with CT scanners. The emphasis is on the practical application to the acute stroke patient, such as the detection of early changes of ischemic infarct with respect to administration of thrombolytics. The chapters on MRI in acute stroke, and Magnetic Resonance Angiography and CT angiography are perhaps the best in the book, with an excellent and brief primer on the physics of MRI. The explanation of diffusion weighted and perfusion weighted imaging as it pertains to prediction of salvageable penumbra is well laid out. Like the technique of ultrasound itself, the chapter on Neurosonology in acute stroke seems time consuming and leaves one wanting for definite answers. Nonetheless, the authors clearly spell out the various modes of study and the typical findings in common conditions including dissection and stenosis, making it a useful quick reference. A chapter appears in the middle of the book somewhat unexpectedly, dealing in cursory fashion with the acute intracerebral hemorrhage. It does, however, provide a few useful images of the sinister causes of acute ICH such as AVM and aneurysm, and focuses the reader on the important differential diagnoses in the new patient with spontaneous ICH, so I suppose it belongs somewhere in the book. The final two chapters deal with functional imaging with PET after stroke. The emerging role for

PET scanning for metabolic analysis of cerebral tissue in stroke and tumor make this an important section as an introduction to the topic. Positron emission tomography and functional MRI in the recovery phase of stroke is perhaps the most fascinating aspect of the disease. This chapter will surely pique the interest of the reader, and though these modalities will likely remain in the realm of research for this application, the importance of plasticity and recovery in stroke cannot be overemphasized, and our ability now to image it is exciting.

Overall, the book is worth owning. It represents an accessible and useful short text for the health care professional "in the trenches".

*Richard J. Fox
Edmonton, Alberta*

NEUROLOGIC EMERGENCIES: A SYMPTOM-ORIENTED APPROACH. 2ND EDITION. 2003. By Greg L. Henry, Andy Jagoda, Neal E. Little, Thomas R. Pellegrino. Published by McGraw Hill Companies Inc. 346 pages. C\$82 approx.

Written by emergency medicine physicians (and one neurologist), this symptom-oriented approach is an informative and useful guide for the non-neurologist, medical student, and the junior neurology resident. Beginning with the basics of neuroanatomy, as well as evaluation of a neurologic complaint, altered states of consciousness, and acute focal neurologic deficits, the discussion then proceeds with such important topics as: acute generalized weakness, movement disorders, headache, acute neuro-ophthalmology, neurologic trauma, psychogenic syndromes, seizures, syncope, dizziness, and neck and back pain. Finally, the book concludes with a glossary of over 250 terms.

There are a few notable strengths of this book. In keeping with its major focus (i.e., neurologic emergencies), concise algorithms are used to illustrate appropriate diagnostic and management approaches of acute decreased vision, diplopia, traumatic brain injury, first-time seizures, and status epilepticus. Chapter 3 is a well-written and very useful discussion about altered states of consciousness and coma. To the authors' credit, they provide an excellent review of psychogenic syndromes (Chapter 10) – an important and highly relevant topic that is often minimized in medicine. In particular, they offer symptoms and signs helpful in identifying psychogenic numbness, weakness, coma, seizures and blindness. The criteria for conversion disorder are provided and discussed, as is the disposition of these patients.

Weaknesses of this book include a few poorly reproduced diagrams that are difficult to interpret (e.g., Fig. 1-18 & 1-20: arterial circulation of the brain) and the incorrect statement that sarcoidosis is an infection. More trivial problems include several spelling errors (e.g., pterygogaiatine instead of pterygopalatine; abduceris instead of abducens) and occasional incorrect use of words (e.g., substitution of dysphagia for dysphasia).

Despite the few noted errors, this symptom-oriented approach to neurologic emergencies appears to be a useful reference for medical students, junior neurology residents and physicians in other disciplines, especially emergency medicine. While the contents of this book represent basic knowledge for neurologists and most senior neurology residents, these individuals may find some of the diagnostic and management algorithms of some utility, particularly for problems that are infrequently encountered.

*Jacqueline A. Pettersen
Calgary, Alberta*