

different physiopathological avenues including oxidative stress, apoptosis, protein aggregation and inflammation. Available therapies and avenues for the future are outlined in a subsequent chapter but this does not include the treatment for motor and non-motor complications under investigation. Comprehensive reviews of multiple system atrophies, progressive supra-nuclear palsy and corticobasal degeneration are provided in individual chapters. The component on the ataxias starts with a chapter on the clinical approach followed by chapters reviewing each autosomal dominant, Friedreich and other recessive ataxias, and ataxia telangiectasia. The part on motor neuron disease encompasses amyotrophic lateral sclerosis, the hereditary spastic paraplegias, Kennedy's disease, spinal muscular atrophies and the parkinsonism-ALS-dementia complex. One chapter covers the genetics of ALS and another addresses the treatment, exploring the compounds under investigation. The final section of the book covers Huntington's, dentatorubral-pallidoluysian atrophy, neuroacanthocytosis syndromes, iron disorders which includes neuroferritinopathy, aceruloplasminemia and Hallervorden-Spatz syndrome, Wilson's disease, mitochondrial disease and the relationship between mitochondria and classic diseases such as Alzheimer and Parkinson.

This book is certainly one that people interested in neurodegeneration should have in their library. The book is not meant as an introduction to the field. It provides a precise overview of where the field is and gives hints of where it will be going in the near future. A number of diseases and conditions are covered from their clinical presentations to pathogenesis and accepted treatments as well as future considerations. No place is given here for editorial comments and controversies. Each chapter's data is solidly built on the literature's evidence. Therefore, it fully fulfilled my initial goals. More technically, although it is not a light reading, the book is well organized so it is easy to obtain a precise piece of information to answer a specific question. Each chapter is richly referenced.

This book represents a milestone of where neurodegenerative diseases are today. It is definitively a commendable book.

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**ENDOSCOPIC ANATOMY OF THE THIRD VENTRICLE MICROSURGICAL AND ENDOSCOPIC APPROACHES.** 2006. By Wolfgang Seeger. Published by Springer-Verlag Wien. 117 pages. Price C\$115.

The stated aim of this book is to present and illustrate important anatomical aspects of microsurgical and neuroendoscopic approaches to the third ventricle. As such the book is mainly an anatomical atlas. The first 15 pages of the text introduce the four standard microsurgical approaches to the third ventricle – the translaminar, the transforaminal, the retroforaminal and the supracerebellar - while the remainder of the book provides 47 figures which serve to illustrate the anatomy relevant to the aforementioned approaches.

As the third ventricle is not a space in the brain that most neurosurgeons frequently access I looked forward to reviewing this text for any helpful information it may provide. Unfortunately I found this a generally disappointing experience. The organization of

the text is such that one must constantly flip back and forth between text and illustrations, making it difficult to read. The discussion of the surgical approaches is terse and very basic. Any discussion as to why one may select one approach over another or how variations in the anatomy may affect one's surgical decision making is sorely lacking. While this may be understandable in an anatomical atlas, the authors do take it upon themselves to provide some cautionary notes to the surgeon. These are emphasized in heavy type followed by exclamation marks. Poor translation, however, renders many of these points of emphasis incomprehensible or slightly ridiculous – consider, for example, "Cave loosening of corpus pineale!" or "Danger of contralateral encephalomalazia!"

Frequent spelling mistakes, as well as grammatical and punctuation errors contribute to the impression that this book was carelessly translated and edited. The anatomic sketches themselves are very stylized, simplistic and repetitive. Photographs of the anatomy as seen through the endoscope would have been, I believe, more useful to the novice endoscopist than the anatomic sketches provided.

In short this is not a book I would recommend rushing out to buy. For the neurosurgical trainee a more comprehensive discussion of the approaches and anatomy can be found in the standard neurosurgical texts. For the more accomplished neurosurgeon this book contains insufficient new information to warrant either the price or the effort it takes to read.

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**DIAGNOSTIC CRITERIA IN NEUROLOGY.** 2006. Edited by Alan J. Lerner. Published by Humana Press. 227 pages. Price C\$150.

This volume is an ambitious and successful first attempt at providing diagnostic criteria for common and rare neurological disorders. It is comprehensive and detailed enough to be of great value as a ready reference, and will certainly benefit the diagnostic process in clinical neurology, if utilized on a not infrequent basis.

It begins with a thoughtful dissertation on Consensus, Disagreement and Diagnostic Labels by Dr. Brent Graham of the University of Toronto. This opening chapter is excellent and merits a careful read and reread after studying the book. Further, the author of the book, Dr. Lerner, points out in the Preface that the Book of Genesis sets out with naming the animals and that, by doing so one might gain control over the unknown and the emotionally terrifying. This is a unique insight into the need and desire of patients to want to know the name of their illness so that they can deal with the future and prognosis.

The book has sections on diagnostic criteria in cerebrovascular diseases, dementias, demyelinating disorders, coma, brain death, epilepsy, headache, genetic syndromes, immune disorders, infectious diseases, movement and neuromuscular disorders, pain, fatigue, trauma, and sleep disorders. Much of what is in this volume is well known to seasoned neurologists but numerous disorders are codified that are uncommon and rare. This is welcome in a single volume. The tables and written summaries are detailed and concise enough to be very useful.

The volume could use a couple of changes in the future that might help the reader. First, the summaries should precede the tables rather than be intermixed with them, as one has to jump forward and backward to relate the summaries to the appropriate table(s). Second, editorial comment at the beginning or end of each section might permit the author to stress which tables are most useful in clinical practice, especially when one comes across a nine page table on the "Case Definitions for Neuropsychiatric Syndromes in Systemic Lupus Erythematosus!"

I would easily recommend this book as a desk reference and a great volume for residents in training. Neurology has always been a specialty of pattern recognition or heuristics to make an accurate diagnosis. There is now too much to remember and learn about the criteria needed to make a myriad of neurological diagnoses in this modern era, so this volume will be helpful, and comes with an opportunity to download a PDA version separately on-line. Finally, this is not a volume to read cover to cover, as most reference works are, in large part because there is a tendency to start to see disorders as more alike than different – so naming is a very difficult thing to do, but worth the effort if one can get the name of the disease right! Dr. Lerner has taken the first steps to helping neurologists get the 'naming' correct.

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**PROGRESS IN NEUROTHERAPEUTICS AND NEUROPSYCHOPHARMACOLOGY. VOLUME 1.** 2006. Edited by Jeffrey L. Cummings. Published by Cambridge University Press. 169 pages. Price C\$135.

As stated by Jeffrey L. Cummings, the Editor-in-Chief, "Progress in Neurotherapeutics and Neuropsychopharmacology has two objectives:

1. to provide a continuous update of the clinical trials that can be used to inform and improve the care of patients with neurologic and psychiatric illnesses
2. to provide an update on clinical trial methodologies, designs, and outcome assessments."

With respect to the first objective, this first volume contains a collection of twelve chapters covering a wide range of neurological and psychiatric conditions, including Parkinson's Disease, multiple sclerosis, glioblastoma multiforme, migraine, amyotrophic lateral sclerosis, autism and schizophrenia. Each chapter concludes with sections describing how the results reported should be translated into current clinical practice. While a positive recommendation is made for the use of rivastigmine for Parkinson's Disease with dementia (Tekin and Lane, pp13-26), negative recommendations are made for modafinil for fatigue in multiple sclerosis (Stankoo, Lubetzki and Clanet, pp27-36) and for minocycline in amyotrophic lateral sclerosis (Gordon, Choi, Moore and Miller, pp63-78). The clinical trials described in each chapter have been published previously in greater detail and the references to the original publications are provided.

With respect to the second objective of this publication, several clinical issues are addressed, in addition to safety and efficacy. For example the issue of compliance is addressed in an interesting

chapter by Jeremy M. Schefner (pp 79-90), who reports that in a trial testing the effects of creatine in treatment of amyotrophic lateral sclerosis, 6 of 31 subjects in the placebo group had elevated urinary creatine levels whereas 6 of 37 subjects in the creatine group did not. A novel trial design was reported by Meltzer (pp 115-120) in which four novel treatments for schizophrenia were compared to haloperidol, the active comparator, and placebo. This "metatrial" design reduced the number of patients on placebo relative to four independent trials. From the results, two compounds, an NK3 antagonist and a 5-HT<sub>2A/2C</sub> antagonist, were identified as deserving further investigation.

Lack of demonstrated efficacy can result from poorly designed trials, so this collection of clinical trial reports may prove most useful by highlighting some of the issues to be considered when planning trials. The report on the use of creatine in amyotrophic lateral sclerosis (Schefner, pp 79-90) concluded that the trial was underpowered to detect a modest benefit, such as the 10% increase in survival time after diagnosis reported for riluzole. The difficulties in designing appropriate trials for migraine were discussed by Wiendels and Ferrari (pp 53-61). In this condition, mild headache is more likely to respond to treatment but is also more difficult to distinguish from a tension headache.

As the purpose of Progress in Neurotherapeutics and Neuropsychopharmacology is to provide a continuous source of current results of clinical trials, the chapters presented in this volume are also freely available online at [http://www.cambridge.org/jid\\_PNN](http://www.cambridge.org/jid_PNN), together with new chapters destined for the second volume in the series. These collections of clinical trial reports will prove useful, to clinicians and researchers alike, by providing short, timely and clear accounts of new treatment strategies for neurological and psychiatric conditions.

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