

BOOKS RECEIVED

THE ACADEMIC MEDICINE HANDBOOK: A GUIDE TO ACHIEVEMENT AND FULFILLMENT FOR ACADEMIC FACULTY. 2013. Edited By Laura Weiss Roberts. Published by Springer. 486 pages. C\$75.00 approx.

WHAT DOCTORS FEEL. HOW EMOTIONS AFFECT THE PRACTICE OF MEDICINE. 2013. By Danielle Ofri. Published by Beacon Press. 224 pages. C\$30.00 approx.

SCHIZO-OBSESSIVE DISORDER. 2013. By Michael Poyurovsky. Published by Cambridge University Press. 236 pages. C\$105.00 approx.

NEONATAL NEURAL RESCUE: A CLINICAL GUIDE. 2013. Edited By A. David Edwards, Denis V. Azzopardi, Alistair J. Gunn. Published by Cambridge University Press. 234 pages. C\$105.00 approx.

OXYTOCIN, VASOPRESSIN, AND RELATED PEPTIDES IN THE REGULATION OF BEHAVIOR. 2013. Edited By Elena Choleris, Donald W. Pfaff and Martin Kavaliers. Published by Cambridge University Press. 393 pages. C\$115.00 approx.

MICROSURGERY OF SKULL BASE PARANGLIOMAS. 2013. By Mario Sanna, Paolo Piazza, Seung-Ho Shin, Sean Flanagan, Fernando Mancini. Published by Thieme Medical Publishers, Inc. 702 pages. C\$265.00 approx.

TUMORS OF THE PEDIATRIC CENTRAL NERVOUS SYSTEM. Second Edition. 2013. Edited By Robert F. Keating, James Tait Goodrich, Roger J. Packer. Published by Thieme Medical Publishers, Inc. 549 pages. C\$305.00 approx.

NEUROIMAGING OF SLEEP AND SLEEP DISORDERS. 2013. Edited By Eric Nofzinger, Pierre Maquet, Michael J. Thorpy. Published by Cambridge University Press. 427 pages. C\$200.00 approx.

THE BEHAVIORAL AND COGNITIVE NEUROLOGY OF STROKE. Second Edition. 2013. Edited By Olivier Godefroy. Published by Cambridge University Press. 442 pages. C\$150.00 approx.

NEUROMUSCULAR DISEASE: A CASE-BASED APPROACH. 2013. By John H.J. Wokke, Pieter A. van Doorn, Jessica E. Hoogendijk, and Marianne de Visser. Published by Cambridge University Press. 171 pages. C\$75.00 approx.

BEHAVIORAL NEUROLOGY & NEUROPSYCHIATRY. 2013. Edited By David B. Arciniegas, C. Alan Anderson, Christopher M. Filley. Published by Cambridge University Press. 668 pages. C\$145.00 approx.

ENDOSCOPIC SPINAL SURGERY. 2013. Edited By Kai-Uwe Lewandrowski, Sang-Ho Lee, Menno Ipreburg. Published by JP Medical Ltd. 162 pages. C\$165.00 approx.

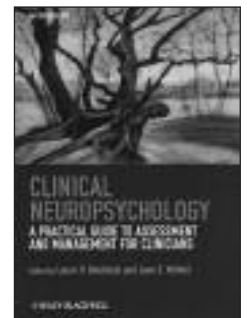
BOOKS REVIEWED

CLINICAL NEUROPSYCHOLOGY: A PRACTICAL GUIDE TO ASSESSMENT AND MANAGEMENT FOR CLINICIANS. SECOND EDITION. 2013. Edited by: Laura H. Goldstein and Jane E. McNeil. Published by Wiley-Blackwell. 602 pages. C\$75 approx.

Rated ☆☆☆☆☆

Clinical Neuropsychology: A Practical Guide to Assessment and Management for Clinicians; Second Edition is an edited book by Laura H. Goldstein and Jane E. McNeil with many highly distinguished contributors. The 24 chapter book is organized into six sections; comprising a *General Introduction*, which includes a definition of clinical neuropsychology as a specialty of clinical psychology. In addition, two chapters provide a brief neuroscience review. Three chapters in the section *Neuropsychological Assessment: General Issues* offer a review of the following: the complexity of psychological and psychiatric disorders for clinical neuropsychology, the impact of psychoactive drugs on cognition, and the quantitative bases for neuropsychological assessment. The section entitled *Adult Neuropsychology* includes chapters

each dedicated to memory, language, executive dysfunction, movement, visuospatial and attentional, and number processing. All of these chapters review the theoretical literature related to each disorder, discuss issues in assessment for, and, to varying degrees, discuss intervention or management. In addition, chapters detailing pediatric neuropsychology, assessment of older adults, fronto-temporal degeneration, brain injury, legal work and capacity are included in the section entitled *Neuropsychology: Specialist Areas of Work*. Equally broad are the chapters in the *Rehabilitation* section, which includes six chapters ranging from an introduction to cognitive rehabilitation to evaluation, to interventions with specific populations. The final chapter in the book details driving, and includes a review of the current literature on the predictive value of cognitive testing for driving fitness in a variety of clinical populations.



Many of the contributors wrote from a UK perspective, which was more evident in chapters involving local laws such as the chapters on *Neuropsychology and the Law* and *Mental Capacity*. Nevertheless, these and all other chapters were very informative and of very high quality.

Chapter 6 by Crawford is an excellent reminder of the level of quantitative measurement theory that separates a clinical neuropsychologist from a clinical psychologist. Although this chapter also provides an excellent overview of the basics, it includes a discussion of the importance of incorporating information beyond mere error in measurement when interpreting test scores; specifically, base-rates of impaired scores and the complexity of interpreting differences between scores. Moreover, the discussion of measurement of change over time appears universally helpful, but a brief discussion of reliable change indices corrected for practice effects may have tempered the argument for regression-based formulae when interpreting declines or improvement over time. Another chapter that may be of universal interest is the thoughtful discussion of how apathy interacts with depression and with cognitive testing detailed by Brown in Chapter 4. Chapter 22 by Tyerman and King on interventions for psychological problems after brain injury includes an excellent and practical discussion of how psychotherapy may need modification based on specific neuropsychological impairments.

Overall, this highly diverse book is comprehensive in its brief review of theory, assessment, and intervention related to a variety of cognitive difficulties. Given the brevity of the theoretical background this book is likely better aimed at those with post-graduate training in clinical psychology or those with medical training.

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EPILEPSY IN CHILDREN AND ADOLESCENTS. 2013. Edited by James W. Wheless, David F. Clark, Amy L. McGregor, Phillip L. Pearl, Yu-Tze Ng. Published by Wiley-Blackwell. 378 pages. C\$130 approx.

Rated ★★★★★

A short, readable book about *Epilepsy in Children* is a big challenge to write but this one is reasonably successful. The literature is enormous. A PubMed search in 2013 of “Epilepsy in children” yielded 37,568 references! The potential audience is varied for a book such as this. Epilepsy experts are probably most interested if a new topic is reviewed in depth, general pediatric neurologists if there is an overview, general pediatricians if the discussion is very practical, neurology residents and medical students if it looks like a place to start. Families are of course intensely interested but do they read text books? Dr. Wheless has an ambitious agenda – “I envisage this book to be a resource for

all physicians and other professionals taking care of children with seizures or epilepsy.” The goal was for each chapter to be succinct, so a physician confronted with a child who has seizures would have an efficient resource for answering questions and designing treatment”. The book is organized into six sections – Epidemiology and Classification, Diagnostic Evaluation, Principles of Treatment, Generalized seizures and syndromes, Focal seizures and syndromes, and Epilepsies relative to age, etiology or duration. This last section includes three comprehensive chapters on neonatal seizures, febrile seizures and status epilepticus. All 25 authors are from the USA.

Before launching into a critique, I need to make two disclosures. First, several of the authors are my professional friends. Second, I have co-edited a recent shorter book about epilepsy in children directed to general pediatricians¹.

This book struggles (as we all do) with seizure and epilepsy classification. The chapter on Classification discusses and tries to incorporate many of the compelling suggestions for the ILAE organization/classification from 2010². However, most of the book continues to use the ILAE 1989 system³. This gives rise to some interesting issues. For example, the chapter on Evaluating the Child with Seizures suggests that nearly all patients have an “ILAE” syndrome – this was based on the 1989 classification⁴. The 2010 system allows a syndrome diagnosis for fewer than 40%⁵. A substantial portion of the book focuses on specific groups of syndromes based on the 1989 classification but many chapters offer an apology for not following the 2010 scheme.

The 20 chapters vary a great deal in the amount of detail offered. Not surprisingly the chapter on Evaluating the Child with Seizures would be most useful to beginners. The excellent introductory chapter on EEG would be most appropriate for neurology residents. The sections on focal epilepsies would not help experts involved in epilepsy surgery, but at least the value of epilepsy surgery is clearly and enthusiastically presented. The chapters on Pharmacology and choice of AEDs are excellent and I especially liked the comparison of recommendations for treatment by experts in different areas of the world (not surprisingly they vary quite a bit). The chapter on when to start and when to stop AEDs is well balanced. Unfortunately, through the book there is very little attention paid to long term psychosocial outcome.

General practical issues of epilepsy care are not heavily emphasized such as the frequency of follow up appointments and the value of repeat EEGs or imaging, although there are excellent tables outlining the indications for therapeutic drug and toxicity monitoring. There are few comments about restrictions for activities (except in uncontrolled absence), alcohol or recreational drug use, contraception for teenagers, monitoring or enhancing compliance, special issues related to schooling or transition to adult care. Mortality is rarely mentioned and the term SUDEP is conspicuously absent from the index. There are few absolutes in childhood epilepsy care but the authors tend to couch them with “wiggle words”. For example, the seizure prognosis for Rolandic epilepsy is said to be “quite good” rather than virtually 100% remission or “breath holding spells often resolve by five to seven

