The collection would have been enhanced by an overall introductory chapter (which could be an expansion of the excellent preface). The book is well put together, the writing is clear and direct, and the type is very readable. The book is quite expensive, and possibly prohibitively so for many neurologists (certainly of most residents), but clinical neuroimmunologists should have access to a copy. It is a reasonable volume to recommend to departmental and institutional libraries.

Alex Tselis, MD, PhD

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Multiple Sclerosis

edited by Jurg Kesselring, 214 pp., ill., Cambridge, UK, Cambridge University Press, 1997, \$59.95

In this book, Kesselring and several colleagues succinctly discuss issues involved in the care of patients with multiple sclerosis (MS). Beginning with a historic overview, the acceleration of knowledge about this disease over the past 2 to 3 decades becomes apparent. Brief chapters on the pathology of MS, experimental models, genetics, epidemiology, and pathogenesis set the stage for the discussions about clinical aspects of MS care that follow. The chapter describing the pathophysiology of impaired neural transmission is particularly helpful, explaining the connection between pathology and symptoms.

The next section is devoted to chapters discussing the symptoms, diagnosis, and natural history of MS. The discussion covers common symptoms well, but fails to mention less common symptoms, such as auditory and bulbar dysfunction. The diagnosis of MS is discussed much more completely, including motor evoked potentials and other emerging studies. The chapter on differential diagnosis is not as thorough, leaving out Lyme disease, tropical spastic paraparesis, and cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy (CADASIL). The chapters discussing disease course and prognosis illustrate the significant gaps in knowledge about the natural history of MS. A brief chapter regarding the assessment of performance and disability in MS patients does not do justice to this important topic, which determines the ability to describe the natural history of MS and the clinical effect of experimental therapies.

The last section of the book discusses the treatment of MS. This section is well organized, beginning with symptomatic treatments including physiotherapy and medications for spasticity, bladder dysfunction, pain, tremor, seizures, and depression. Next is a brief discussion about nutritional issues, followed by a description of accepted and emerging agents for modifying the disease process directly. This includes thorough discussions about newer treatments such as the interferons and copolymer-1, as well as a broad overview of many of the agents currently in testing.

In short, Kesselring and colleagues successfully provide a brief but relatively thorough overview of MS that would serve the internist or general neurologist well.

Steven R. Schwid, MD

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Practical Electromyography

edited by Ernest W. Johnson and William S. Pease, 378 pp., ill., Baltimore, Williams & Wilkins, 1997, \$62.95

This is the third edition of a book on clinical electromyography edited by two physiatrists. One of them (E.W.J.) is a leading American electromyographer who has trained many academic physiatrists in the United States. The book is composed of 13 chapters, four written by the editors. Experts in the field of electrodiagnostic medicine (from both neurology and physical and rehabilitation medicine) edited the rest of the chapters. There are general introductory chapters; others cover needle EMG, nerve conduction studies, late responses, radiculopathy, plexopathy, carpal tunnel syndrome, entrapment neuropathy, peripheral neuropathy, and weakness. A 50-question multiple choice examination follows with answers and short discussions, aimed at trainees in EMG.

As the title implies, the book is practical, easy to read, and concise. Useful EMG pearls are scattered throughout the text. Examples are: The only muscle below the knee innervated by L4 is tibialis anterior; selective pronator teres denervation without involvement of other C7 or median-innervated muscles is very suggestive of neuralgic amyotrophy (Parsonage-Turner syndrome); and for maximal effort, a single-joint muscle (such as vastus medialis) should be tested instead of a two-joint muscle (such as the rectus femoris), as it is difficult to generate maximal effort (i.e., maximal recruitment) in the latter while the patient is in a recumbent position.

There are also some shortcomings. Femoral neuropathy is almost completely missing (possibly not intentionally) and the bibliography in some chapters is limited and incomplete. Many of the waveforms shown are from old equipment that uses the old-fashioned "time lines," not familiar to many EMG trainees of the 1990s. The examination questions are not always clear and the discussions are not comprehensive.

This book is a good text for beginners in EMG, including residents and starting fellows. I recommend that they read it quickly and utilize it as a handy reference. Advancing fellows in EMG, practitioners, and academicians will find the discussions in many chapters too basic to be valuable. However, it is worth buying the book for some of the chapters.

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Correction

In the article "A prospective study of estrogen replacement therapy and the risk of developing Alzheimer's disease: The Baltimore Longitudinal Study of Aging" by Kawas et al. (Neurology 1997;48:1517-1521), the 95% CI for the variable >10 yr was presented incorrectly. The correct range is 0.170-1.467.

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Correction

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