Japanese and Finnish data banks which indicate that the annual risk of bleeding from unruptured aneurysms is as high as 3.2% in Japan and 1.3% in Finland, and that this risk varies according to a number of risk factors, but most importantly female gender and cigarette smoking (at least in Finland). Several papers speculate on aneurysm rates of growth and rupture, and the influence of the "perianeurysmal environment" on rupture risk, both interesting concepts. Finally, the surgical and endovascular results of several case-series are presented (as expected, better than those of ISUIA).

The second part of this supplement, made up of eight papers, is a mish-mash, dealing with different aspects of subarachnoid hemorrhage, each a subject of interest to devoted aneurysm therapists (not all surgeons, remember): the elderly patient (don't hesitate – operate!), massive middle cerebral aneurysm hemorrhages (same advice), "negative-angiography" subarachnoid hemorrhage (nonperimesencephalic-type hemorrhages need repeat catheter angiography), neuropsychological outcome after aneurysm rupture (this perhaps the only report on this subject you will want to read – anterior communicating aneurysms had the best cognitive outcome?), near infrared spectroscopy monitoring of cerebral hemodynamics after subarachnoid hemorrhage, and clinical experimentation with hypothermia in the management of severe subarachnoid hemorrhage (these last two subjects rather experimental).

The last chapter is a concise and beautifully-illustrated contribution from a master and Yasargil's successor in Zurich, Professor Yonekawa, on strategies for the surgical management of posterior circulation aneurysms. A dying, but not yet lost, art.

The price is reasonable for the high-quality publication that we are used to from Acta, the English spotty in places for those who notice such things (and are, therefore, probably frowning at this review), but overall and most importantly I don't think there is enough new or otherwise unpublished information in this supplement to warrant its purchase for those persons or libraries not otherwise subscribing.

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INTENSIVE CARE IN NEUROSURGERY. 2003. Edited by Brian T. Andrews. Published by Thieme. 256 pages. C$200

The practice of neurointensive care has become increasingly complex as mechanisms of acute neurologic illnesses and their potential treatments outside of the operating room are discovered. As the number of neurosurgeons and neurologists involved in direct critical care management of their patients grows, so does the requirement for adequate understanding of bedside physiologic monitoring techniques and specific therapies for hemodynamic, pulmonary as well as neurologic deterioration.

Intensive Care in Neurosurgery is a concise, but fairly comprehensive text on the management of neurosurgical patients in the intensive care unit. The scope of the text is impressive, and includes chapters on fluid, electrolyte and acid-base balance, as well as metabolic, nutritional and endocrine aspects of neurosurgical ICU care. The book is multi-authored and divided into 18 chapters which are accompanied by sufficient informative tables and figures. The first four chapters deal with physiology and monitoring: pulmonary, cardiovascular, neurological and cerebrovascular. The chapter entitled "Cerebrovascular Pathophysiology and Monitoring in the Neurosurgical Intensive Care Unit" is particularly comprehensive with short descriptions of all current techniques for measuring cerebral hemodynamics, including calculations and normal values. The majority of remaining chapters deal with specific neurologic disease entities including infection, head, spinal cord and multisystem injury, subarachnoid hemorrhage, nontraumatic hemorrhage, stroke, epilepsy and brain tumors. The chapter entitled "Infectious Disease" is an excellent source of current knowledge on common and more rare types of central nervous system infection including prion, fungal and parasitic infections as well as HIV. The chapter "Multisystem Injury Management" is unique in pulling together pathophysiology and management for a variety of post-injury complications involving all major systems. The pediatric section includes a useful description of pharmacologic agents and techniques for mechanical ventilation which is unfortunately absent from the adult section. The book finishes with a useful discussion of withdrawal of life support, including a description of landmark case decisions and clinical aspects. The final chapter, on declaration of brain death is an excellent reference on a frequently practiced, but often poorly performed exercise.

This book is well-organized and quite readable with little repetition. The text contains a large amount of useful information important in decision-making processes in neurocritical care. The information is current and focuses on evidence-based medicine to the extent possible in a field often reliant on anecdotal experience. For topics not covered in adequate detail, readers will find the indexing sufficient to locate more in-depth reviews. It should appeal to neurosurgeons, neurologists, ICU practitioners and trainees caring for neurosurgical patients in the ICU. Although several of the chapters can be found in more explanatory neurosurgical or intensive care textbooks, the authors avoid the pitfall of inundating the busy neurosurgeon/intensivist with detailed pathophysiological explanations that distract from the clinical orientation of the text. This is not easy, but is inherent in a book that tries to address problems encountered by two populations of specialists with different training and reflexes. The book successfully brings together the advancements in the field and should assist in advancing the intensive care of neurosurgical patients.

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CANCER NEUROLOGY IN CLINICAL PRACTICE. 2003. Edited by David Schiff and Patrick Y. Wen. Published by Human Press, Totowa NJ. 464 pages.

Drs. Schiff and Wen have compiled an extensive compendium of neurological complications of systemic cancer in 31 chapters written by 50 active researchers and clinicians in the field. Many of the authors are neurologists, some neuro-oncologists, and all have extensive experience. The product is an excellent survey of the basic and clinical science of problems that add the complexity of neurological symptoms to the already difficult issue of managing patients with cancer. By placing the material into one volume, the book offers the clinician a ready source to look up a specific problem or review a topic in detail. The only primary central nervous system (CNS) tumor discussed (minimally) is primary CNS lymphoma; otherwise the book is devoted to neurologic problems of systemic