

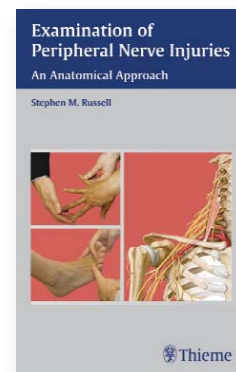
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Examination of Peripheral Nerve Injuries

I think the author, Stephen Russell, and the publisher, Thieme, have produced a little gem in this book. Although written by a surgeon, and therefore tilting for a surgical market (hence the 'injuries' of the title), nonetheless there is much in this book for neurologists, trainee or otherwise. Since peripheral nerve problems are relatively uncommon in the general neurology clinic, many neurologists will perhaps retain only sketchy recollections of peripheral nerve pathways, motor and sensory innervation, clinical findings and syndromes; indeed it is taken as read by the authors (Staal et al.) of the excellent *Mononeuropathies: examination, diagnosis and treatment* (London: Saunders, 1999) that most neurologists will not have this information at their fingertips and will need to have recourse to a textbook. In eight chapters Russell systematically tackles anatomical course, motor innervation and testing, sensory innervation and (briefly) clinical findings

and syndromes of median, ulnar, radial and sciatic nerves, brachial and lumbosacral plexus, all admirably concise and well-illustrated. Clearly the author writes from an experiential perspective (witness, "Mentioning the phrase 'brachial plexus anatomy' is likely to clear a medical school classroom faster than a fire drill"), and is particularly good on differential diagnosis (radiculopathy vs. plexopathy vs. mononeuropathy) although these sections might have been highlighted to better advantage. There are a few typos (e.g. is the muscle piriformis or pyriformis?), a thorough index, and no references (where this book does lose out to Staal et al.). Personal experience indicates that the book can reside unobtrusively in the briefcase until required. Recommended for those wishing to brush up on peripheral neurology.

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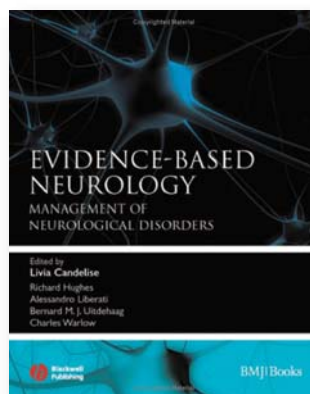
Russell SM
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 Price: Euros 39.95

Evidence-Based Neurology

What is it about EBM that so polarises opinion? Try googling 'cult' and 'EBM' to feel the heat. Maybe it comes down to how you like evidence. Glossy brochures, coloured bar charts (with minutely-typed references in obscure journals) and a big headline (ideally delivered by an opinion-leader in an exotic location), or worthy lists and tables of less-than-perfect studies illustrated with forest plots. This book is unashamed in its hyphenated title. Can it tempt the non-believer? Is it the best place to look if you are already a follower? And if you don't give a stuff for the argument can it just help you to do the job better?

Part one is a four chapter introduction to the world of EBM, and parts two and three present the evidence for intervention with neurological symptoms and then neurological diseases. The spectre of EBM-pathergy (Warlow has claimed EBMitis for those who can't function without it) hangs over the introductory chapters which are enjoyable, educational and thought-provoking though not terribly useful in a clinic. Chapter one is defensive (one paragraph identifies the enemies of EBM – you're either with 'em or against 'em) and demanding: 'traditional clinical research is too narrow..., health care systems should promote research into areas that are not likely to attract resources'. Chapter two (what to do when there is no evidence) is witty and wise, defends clinical wisdom over EBMitis (a big hurrah from the non-believers) and promotes the position of 'well-informed uncertainty'. Chapter three considers outcomes on which evidence is based. The bias is towards the 'patient-centred', with QoL getting a particularly soft reception. The claim that 'the overall objective of any intervention in epilepsy is to improve the patients' QoL' might be disputed by the families of SUDEP sufferers. Chapter four highlights the lack of research into diagnostics and illustrates how the evidence-based approach might be applied here too (is there no hiding place?). Some scepticism about symptoms and disease might have fitted in here too. Is it the existence of a pathology or a patient support group, a headline in the tabloids or an expensive wonder cure that counts?

The rest of the book is divided between EBM in neurological symptoms and in neurological disease. Here authors take symptoms or diagnoses and apply the method. The list of symptoms/diseases covered is comprehensive though there are notable omissions in both categories (for example fatigue, Huntington's disease). Clinical questions are framed e.g. 'what are the consequences of sleep disordered breathing on the severity and outcome of stroke', and the evidence presented, as text, table or plot. Some chapters also add a clinical scenario to illustrate the clinical dilemma. The difficulty this approach faces is that for any one neurological symptom or diagnosis there may be hundreds of clinical questions, but a book can really only allow the consideration of four or five. The other inevitable is that a book dates. In Parkinson's disease the NICE guidance, freely available on the web, covers



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more and is more up to date. In epilepsy the book was written before the publication of SANAD, which answers three of the set questions. Sometimes questions are considered that truly feel done to death (stroke units). These pages have numerous authors (there are 55 in total) and lack a unity of style. It works best where the evidence is presented then weighed and placed in context by a neurological greybeard. It works least well where the questions are asked, the studies listed, and the conclusion made that the available evidence is not good enough and, groan, that more and better studies are needed. The editing and language could have been better. One chapter refers to a patient with a left field cut smoking one package of cigarettes, another repeatedly asks 'which is the risk' when 'what is the risk' is intended. I searched for the unreferenced 'Prentiss criteria', before deciding the authors meant Prentice. For a book that takes a dim view of commercial involvement it was disappointing not to read of conflicts of interest.

A multi-authored medical book is unlikely to be entirely free of drug company influence, but a buyer is entitled to know which author's opinions and which evidence might be sponsored. The otherwise excellent chapter on Migraine doesn't note that the cited US Evidence-based guidelines (which don't, incidentally, look at cost-effectiveness) were sponsored by, amongst others, Abbott, AstraZeneca, BristolMyersSquibb, and Glaxo Wellcome. Occasionally it reads as if the authors haven't distanced themselves sufficiently from the sponsored merry-go-round to be completely objective. How else could the conclusion to the Parkinson's chapter mention every other drug available yet omit the evidence-based conclusion that L-dopa, certainly in the short term and maybe even in the long, gives the best motor control with the least adverse effects?

Will this book convert the sceptic? I doubt it; if neurological professionalism involves stating weak evidence with great confidence it might just get in the way. Can it help the jobber do the job? Yes if they believe in practice supported but not dictated by whatever good evidence is available. Is it the best place for them to look? It might be quicker to look here than Cochrane or NICE, but you may not find the answer to your question and if you do it may be out of date. Any doubts about an author's independence or authority will also undermine its value.

So I approve wholeheartedly of the concept, and applaud the effort put into the book, but I couldn't recommend individuals to buy it for their daily use; at £75, it's also way too expensive to buy for a browse. On the other hand, putting it in a prominent position on your bookshelf is a sure way to let everyone else know where you stand.

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