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The Neurology Short Case, 2nd Edition

Few circles are harder to square than that of the short neurology textbook. There is a view that such books are invariably useless, and that their only effect is to encourage the reader to carry his ignorance with a little more groundless confidence. Nowadays, of course, that is not seen as such a bad thing, confidence being the chief skill medical schools aim to develop in their students in the few hours of neurological training before they are unleashed on the public. But this is not good enough for the MRCP exam - not even in its newly emasculated, idiot-friendly, PACES format - and it is certainly not good enough for anyone who wishes to acquire a modicum of neurological competence.

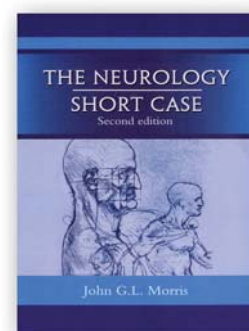
I mention PACES because it is the process of inferring the localisation of the lesion from the clinical signs and symptoms that novices find especially difficult. This ought to be surprising since clinical localisation is not an open-ended problem, but simply a reasoned choice from a finite set of possibilities. And since for clinical purposes the neuroanatomy need only be resolved at a fairly coarse granularity, this set ought to be small enough for anyone to deal with. Unfortunately, reasoning from facts takes more effort than just recalling them, and as a result both students and teachers shy away from it.

The principal merit of Professor Morris's book, then, is in lucidly demonstrating the clinical thinking on which neurological localisation depends. This is presented in the setting of the neurological short case - once one of the more feared components of the MRCP exam - but the coverage is not biased towards the esoteric, as is usual in exam books. Each chapter (of 13 in total) takes a common clinical prob-

lem or constellation of signs (the wasted hand, ptosis, gait disturbance, etc) and systematically outlines in each case which are the critical features to look for, and how each feature successively constrains the set of possible loci of the lesion. The text is nicely illustrated with clear diagrams that are refreshingly stripped of all inessentials, including any anatomical fidelity that is not relevant to their purpose. Somewhat incongruously, most chapters include a box briefly summarising the management of the relevant syndrome or a common condition which it exemplifies.

The book suffers in places from alarming oversimplification. For example, a naive reader may conclude that fasciculations always imply a diagnosis of motor neurone disease - this is dangerous clinically, and potentially fatal in the membership exam. Professor Morris would probably retort that no reader would be quite that naive, and perhaps that is the main problem with his exposition: too much of his obvious clinical ease has crept into pages intended for those who have very little. The structure of the inference is there but it is not displayed emphatically enough. Indeed, there is a loose-limbed, casual air to the proceedings, as if Professor Morris spent a few afternoons casting clinical pearls of variable size and quality in the direction of his assistant who then strung them up into something rather less tiered and more variegated than he originally intended. The total effect is certainly more High Street than Bond Street.

But if the book is not quite bling enough, the accompanying CD of illustrative video clips is enough to redeem it. It is a pleasing collection of clinical material and on its own justifies the very reasonable price.



John GL Morris
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Atlas of Neuromuscular Diseases: A Practical Guideline

The introduction of this book states it is "designed to help in the diagnosis of neuromuscular diseases at all levels of the peripheral nervous system" and is "for students, residents, physicians and neurologists who do not specialise in neuromuscular diseases". Justification for the book reflects the fact that the authors "found no other book which provides a complete overview in a structured and easily comprehensible pattern supported by figures and pictures". So that's the "what", "who for", and "why" covered then! But does it "do what is says on the tin"?

Well as overviews go this Atlas provides 51 pages on Cranial Nerves, 19 pages on plexopathies, 20 on radiculopathies, 70 on mononeuropathies (29 of which are on the trunk), 83 on polyneuropathies, 19 on neuromuscular transmission defects, 79 on muscle, and 12 on Motor Neuron Diseases. A final 12 page chapter called General disease finder, lists neuromuscular diseases seen in certain clinical settings (cancer, circulatory disorders, anaesthesia) which is a helpful entity to ponder as one troops off to yet another consult on the (oncology/ cardiothoracic/ Intensive Care) wards.

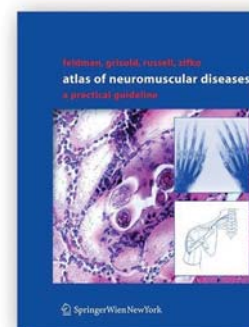
The chapters are presented in a standardised format: quality (what it does, in case you were wondering), neuroanatomy, symptoms, signs, pathogenesis, diagnosis plus differential, therapy, +/- prognosis, and references. All standard fare and perfectly acceptable with a few minor gripes such as - why change the surgical sieves for each cranial nerve and how about a steer on what of a long list of aetiological possibilities you will actually see and what you won't (diagnosing neuroaxonal dystrophy - late infantile(of course!) as a cause of deafness, for example).

I liked the plexopathy chapters with the odd colour photo and scan reproduction brightening up the Atlas geography considerably. What about the polyneuropathy section? Well, inevitably a balance has been struck between inclusivity and detail.

Two pages on chronic inflammatory demyelinating polyneuropathy may be quite enough for a medical student but even the most general of neurologists would I suspect feel a touch short-changed. What of Guillain-Barre Syndrome? Well, again a little under 2 pages with a suggested treatment regime for intravenous immunoglobulin that I have never seen or used. Myasthenia fares better with 8 pages plus a big list of drugs to beware. Attractive photographs of clinical and histological slides also add visual impact to the muscle section.

Those involved in teaching trainees about motor neuronopathies may question whether genetic studies, imaging, and laboratory studies should be given equal weight to neurophysiological examination in the diagnosis of ALS but this too is a relatively minor whinge.

The fundamental problem in trying to cover an area so vast in a single text remains. Depth competes with mass. Striking the balance between a detailed source of information versus an expensive test of neuromuscular integrity (in picking the thing up) is tricky. This Atlas tends to the informative end and has value as a single volume for those visiting the landscape of neuromuscular disease or en route to other neurological destinations. For those practitioners intent on staying the Atlas is a good place to start.



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