Neurological emergencies, 4th edn

Medical SHOs’ training only infrequently includes a dedicated attachment to neurology. Routine neurology then seems daunting enough, but neurological emergencies may appear a worst nightmare. This updated compilation of 13 reviews covers common neurological emergencies in surprising detail. Most practically useful are those focused on presenting complaints, such as medical coma and acute visual loss. Stroke and status epilepticus are treated authoritatively, but first seizure, a common emergency referral, is not included. Subarachnoid haemorrhage is well presented but may have been even more useful if considered as one cause of acute headache. Brain stem death criteria are described clearly but, if emergency means cannot wait until morning, their inclusion is unexpected. The summaries concluding each chapter are disappointingly printed black on dark grey, in smaller type than the text, hard to read even in daylight. Perhaps the publishers intended it, but these summaries will not readily copy for handy laminated reference in the emergency unit.

Neurological emergencies is too large for the white coat pocket (nearly 500 pages), and too longhand for last minute reference behind the patient’s curtain. Its style is detailed prose rather than notes and bullets. Nevertheless, this book will usefully inform clinicians of all grades and increase the likelihood that neurological patients are managed safely. At £45, they may be only one departmental copy, but that must be on the registrar’s bookshelf. At risk of stating the obvious, the book should be digested, calmly, away from the coalface, before the emergency presents. Thus those faced with serious neurological situations need not echo Arthur Dent in Hitchhiker’s Guide to the Galaxy, “***It’s at times like this […] that I really wish I’d listened to what my mother told me when I was young.” “Why, what did she tell you?” “I don’t know, I didn’t listen.”***

P E M Smith

Psychoneuroendocrinology; the scientific basis of clinical practice

In the last two decades a wealth of information has been gathered regarding the potent influences of our endocrine hormones on the brain and behaviour, giving rise to the discipline of psychoneuroendocrinology. By calling upon leading authorities in their subjects, Wolkowitz and Rothschild have produced this timely volume that explores, with great clarity and success, what might be the clinical significance of the empirical scientific findings in this emerging field and how this may underpin breakthroughs in the treatment of behavioural and affective disorders. Essentially, each contributor considers how the hormonal changes observed in primary psychiatric illness, the psychiatric sequelae of hormonal dysregulation in primary endocrinological illness, and the potential for exogenously administered hormones or hormone antagonists to influence behaviour and affect.

The main text begins with a delightful account of the historical roots of psychoneuroendocrinology, dating back to the ancient philosophers, and the recent rapid development of this discipline. There is then an exhaustive coverage of central nervous system neuropeptides and hypothalamic releasing factors, which addresses the controversial question of whether alterations in their secretion contribute secondarily to or are causative of aspects of psychiatric illness. There is also a balanced view of the potential use of melatonin and its analogues as chronobiotic drugs, and a review of the psychiatric manifestations of endocrinopathies—including diabetes mellitus and those affecting secretion of prolactin, growth hormone, and parathyroid hormone. There follows a section each on glucocorticoid hormones, gonadal hormones, and thyroid hormones, considering conditions of over- and/or undersecretion, which can produce behavioural symptoms closely resembling signs of primary psychiatric illness. The penultimate section is devoted to the use and interpretation laboratory testing in clinical psychoneuroendocrinology to improve accuracy of diagnosis and treatment. The volume ends with an updating of Hans Selye’s original exposition of the general adaptation syndrome that occurs in response to stressors—both exogenous and endogenous. Although mounted to protect the host, the stress response itself may become harmful—both emotionally and physically—if allowed to proceed unchecked. This comprehensive work clearly demonstrates the importance of crossing the traditional boundaries of endocrinology, neuroscience, and psychiatry, and represents an approachable and informative text that should be of value not only to clinicians from many disciplines, but also to basic scientists, teachers, and the educated public.

G Gillies

Clinical neurology, 3rd edn

Clinical neurology is now into its third edition since first appearing in 1989 under the original editorship of Fowler and the late David Marsden, an indication of its popularity in a congested market of similar titles. It provides excellent value as a comprehensive introduction to neurology for medical students, MRCP candidates, other junior doctors, and physicians of all specialties, but does not pretend to have the depth of detail required by more senior neurologists in training or in practice. On looking up a few topics with which medical SHOs’ (and their bosses) always seem to have difficulty, I found dysphasia clearly covered, eye movement disorders well described and illustrated, and lateral medullary syndrome mentioned in the text but not in the index. Cord compression, coma, and confusion are each presented well, and there are good overviews of common (and rare) neurological conditions pitched at just the right level for the reader. Chapters on raised intracranial pressure, cerebrovascular disease, epilepsy, infection, spinal disease, and many other topics give the neurologist novice confidently through diagnosis and management. The book is substantially updated from the second (1998) edition, and although there are occasional hangovers and illustration, these are only minor caveats in a textbook whose uniformly British contributors have done such a good job. Clinical neurology will continue in this edition as a firm favourite for MRCP trainees, in the GP surgery library, and to inform and stimulate the undergraduate neurology curriculum.

P K Newman

Behavioral medicine in primary care—a practical guide

It is well known that a large proportion of consultations in primary care have their origins in the psychological wellbeing of the patient. There is clearly a need for a reference book in this area that strikes the right balance in presentation, in content, and usefulness, without being overwhelming. With this in mind, is this book of use to a primary care physician with limited training in behavioural medicine? The early chapters go back to basics and focus on the doctor–patient relationship. The reader not so keen on this approach may be lost by the wayside in these chapters. However, for those prepared to re-evaluate the patient interview, the chapters should be very insightful. Because this is a quick reference book, if the reader is so inclined, the early chapters can be skipped, but the reader may miss out on the central message of the book, which is the understanding of the doctor–patient relationship. Further thumbing through the book will reveal comprehensive backgrounds and practical approaches to psychiatric, medical, and behavioural disorders in primary care, including pharmacological treatments for psychiatric illnesses. The book is written for the US healthcare system but most treatment options suggested are available in the UK.

The presentation of information is stylish and cohesive, with the 35 chapters following a similar format including case illustrations. These illustrations are interesting but occasionally a little too simplistic. The book’s major achievement is its diversity, which is also its weakness, as some detail is lost. However, this is a minor criticism.