Neurological therapeutics: principles and practice


Neurological therapeutics: principles and practice is a two volume book consisting of 2874 pages by 345 authors. It is divided into 14 system-based sections that are further divided into 271 subject-based chapters. The chapters are generally short and accessible, making this large book surprisingly practical. Each chapter is formulated to contain sufficient background information to direct treatment decisions. The book works best, therefore, when the diagnosis is established and a review of the issues surrounding a treatment decision is required—a format that allows for daily use. For example, during the course of this review I found the informative sections on peripheral nerve disorders, critical care neurology, and neurological complications of systemic disease of direct clinical use, as were several other chapters including those on CADASIL, cerebral vascular malformations, and brain tumours. That is not to say that the text does not contain some deficiencies. Taking the epilepsy section as an example, whilst the technical aspects of EEG interpretation were discussed, the more important issue (at least to the practising neurologist) of predictive value was not. Treatment of epilepsy in women was generally well covered, but recent concern regarding cognitive development in children born to mothers taking sodium valproate was not mentioned. Antiepileptic drug therapy in the elderly and in renal failure was discussed, but treatment in liver failure was not. As with the text generally, the chapter on legal and regulatory issues for people with epilepsy was written from the perspective of the USA. Such deficiencies are inevitable however, and should not detract from its value as a clinical resource. If unable to provide the precise therapeutic information being sought, the text succeeds in providing an informed and readily accessible starting point from which educated treatment decisions can be based.

M R Johnson

Suicide in children and adolescents


Suicide is the third commonest cause of death in young people. Attempted suicide is one of the most frequent causes of hospital contact for young people, and is associated with considerable psychiatric morbidity and increased risk of later suicide. These important problems have been the focus of substantial research, and are well suited for this recent book in the excellent Cambridge Child and Adolescent Psychiatry series.

The book consists of 13 chapters that cover both suicide and attempted suicide, written by an international group of authors. The first seven chapters are concerned with epidemiology and aetiology. Excellent contributions in this part of the book are by Gould, Shaffer, and Greenberg on epidemiology; Kelleher and Chambers on cross-cultural variation; and Apter and Wasserman on attempted suicide. There are then two chapters on assessment, which are slightly idiosyncratic (at least from a British perspective) in view of their psychodynamic and idiographic orientations. The last four chapters concern intervention, and outcomes of attempted suicide. Chapters by Harrington on cognitive behavioural therapy after deliberate self-harm, and by Boersgers and Spirito on follow-up studies, are particularly good.

Problems of the book are the inevitable duplication that may occur with multi-authored texts, and the omission of frequently used treatments such as family intervention. The reporting of something as it does not include attempted suicide. Despite these comments, this is a very useful book and would be of interest to researchers and clinicians. It will be useful for trainees and also more experienced professionals from varied backgrounds, and would make an important contribution to libraries.

M Hodes

Malingering and illness deception


This excellent book gets off to a cracking start. The introductory chapter by the editors lays out the evidence that many of our patients may be deceiving us, and that much of this deception may be conscious. We are introduced to several major themes of the book, including the debate as to whether or not malingering should be identified as a psychiatric disorder, a disorder of free will, or simple criminal behaviour. What is one to make of the evidence of high rates of fraud within society? We are introduced to the difficulty of detecting deception and therefore the problem of known unknowns—everybody finds it difficult to answer the question “how many times have you failed to detect a lie?” Simon Wessely then takes us on a delightful tour of the history of malingering—perhaps it all stems from legislation passed in Imperial Germany in the late 1800s! This book consists of a fascinating collection of essays covering an enormous breadth of animal and human study. The editors seem content to let the authors express their own views; the views expressed in one chapter may be contrary to those expressed elsewhere in the book. This is a strength—we seem content to let the authors express their own views; the views expressed in one chapter may be contrary to those expressed elsewhere in the book. This is a strength—we are introduced to several major themes of the book, including the debate as to whether or not malingering should be identified as a psychiatric disorder, a disorder of free will, or simple criminal behaviour. What is one to make of the evidence of high rates of fraud within society? We are introduced to the difficulty of detecting deception and therefore the problem of known unknowns—everybody finds it difficult to answer the question “how many times have you failed to detect a lie?” Simon Wessely then takes us on a delightful tour of the history of malingering—perhaps it all stems from legislation passed in Imperial Germany in the late 1800s!

This book must have been extraordinarily hard to conceive and write. The word “community” has no easy definition; the word rehabilitation is interpreted differently by almost everyone; only neurology has a reasonably certain meaning. Unfortunately the authors have not managed to overcome these obstacles very well, writing a book that has some good parts but is unlikely to satisfy the expectations of most (potential) readers. Indeed it is not clear who the book is aimed at. Much of it is related to the UK, but parts suddenly refer to the “South” (another word with no clear meaning and not well defined). The section on evidence is appropriate for a critical academic, but other parts are much more discursive without being directly practical.

The best chapter is that on the evidence base for community rehabilitation. The authors have identified a wide range of relevant studies that should be useful to anyone interested in this topic.

Most other chapters are relatively unstructured, being brief reviews of topics, such as measurement of outcome, that try to cover a large topic generally, with a passing reference to its application to community rehabilitation.

Books on community rehabilitation are a current publishing favourite, presumably because of the increasing interest in trying to reduce health expenditure and (if one is charitable) because rehabilitation delivered