Notices and Books

CEREBRAL VASCULAR DISEASE 2 - 9th SALZBURG CONFERENCE Proceedings of 9th International Salzburg Conference, September 27-30, 1978. Edited by J.S. Meyer et al. Excerpta Medica — Amsterdam, 1979, distributed in Canada and US by Elsevier/North Holland Inc., New York, 383 pages. $68.25 US.

AN ANNOTATED BIBLIOGRAPHY OF CANADIAN MEDICAL PERIODICALS 1826-1975. Charles G. Roland and Paul Potter. Hannah Institute for the History of Medicine, 1979. 77 pages.

FOLIC ACID IN NEUROLOGY, PSYCHIATRY AND INTERNAL MEDICINE. Edited by M.I. Botez and E.H. Reynolds. Raven Press, New York, 1979. 550 pages. $46.00 U.S.

ESSENTIAL NEUROLOGY by William Pryse-Phillips, T.J. Murray, foreword by H.N.A. MacDonald. Medical Examination Publishing Co., Inc., Garden City, New York, 1978. 644 pages.

To the delight of medical publishers, neurologists buy and write many books. Presumably the pleasures of reading and collecting explain the purchases but what motivates the writing? One explanation for the numerous texts designed to serve as an introduction to clinical neurology may be a desire by clinicians to alter the attitude to neurology held by many medical students. The Neurosciences, more than any other contemporary medical area, have brought together basic scientists and academic clinicians. An integrated core of knowledge of neurological anatomy, chemistry, physiology and pathology will provide the basis for a logical interpretation of neurological symptoms and signs but in spite of often excellent undergraduate introductions to the basic neurosciences, the student usually remains with the perception of the nervous system as a formidable clinical opponent. Abdominal pain or cough appear to be much more approachable clinical problems than a convulsion or weakness in a leg. However, those of us who practice neurology know how little we have to ask or examine of a patient before we have a working diagnosis which usually requires little alteration. The extent of the historical detail and physical findings that we obtain for completeness sake is another matter but the information essential to determine a plan of investigation and management is rarely extensive. Therefore, in the face of student apprehension, we try to create the attitude in those entering their clinical years that in spite of our impressive clinical ancestors and the rapid advances in many components of the Neurosciences, one needs to know only a distillation of basic and clinical facts to provide a sound basis for clinical neurology. Clinicians subsequently become enticed to write texts integrating those basic science and clinical facts which they consider important. "Essential Neurology" is designed to be an example of such an introductory text with the explicit objective to enable the student to ". . . solve most neurological problems at an acceptable level."

The authors are experienced clinicians and teachers and they have organized their book into 4 parts. Part I describes the history and neurological examination. For a book of this size, the section concerned specifically with history taking is brief (10 pages) but the remainder, which outlines the neurological examination, is effectively illustrated with well chosen photographs. The authors have anticipated many of the problems encountered when students attempt to interpret instructions from texts without illustrations. Part II correlates clinical signs with neuroanatomy. Part III consists of descriptions of common presenting problems such as dementia, facial palsy and clumsiness explained in terms of pathology with brief notes on investigation and management.

Part IV constitutes almost one-half the total volume and is described as "a brief outline of clinical neurology". It contains 16 sections with such headings as "Stroke", "Cerebral Palsy and Mental Retardation", "Toxic Damage to the Nervous System" and "Diseases of Muscle". This final part was an unexpected departure from Part III; it is as though one had come across a hospital chart which began with the problem oriented approach to the medical record and then switched to a customary differential diagnosis. However, there is nothing wrong with that and it did not lead to unnecessary duplication.

An occasional problem is lack of emphasis of certain key points. For instance, the extensor plantar response is one of the most (some would say *the* most) important sign to be elicited in the neurological examination. But the authors have limited their description of it to a few sentences concerned only with the sensory component. There is no statement about the type of response that the student should look for and how it should be differentiated from withdrawal responses. That brief description stands in contrast to the nearly page long evaluation of the 9th and 10th cranial nerves. Some of the tables could be deleted; in a text entitled "Essential Neurology" it seems inappropriate to have one-half page devoted to a table listing the "Causes of Acute Myoglobinuria". The book would be strengthened by further editing and a more compact layout.

It is an ambitious undertaking to provide between two covers an approach to history taking and the neurological examination, a section on correlative neuroanatomy, a problem-oriented approach to major neurologic complaints, and a brief text of neurologic diseases. Nevertheless, the authors have achieved considerable success and this book merits the attention of students and teachers of clinical neurology.

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