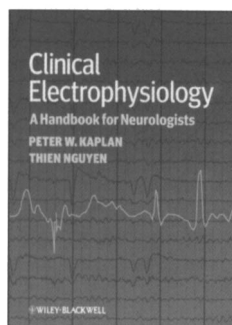


CLINICAL ELECTROPHYSIOLOGY: A HANDBOOK FOR NEUROLOGISTS. 2011. By Peter W. Kaplan, Thien Nguyen. Published by Wiley-Blackwell. 186 pages. C\$85 approx.

Rated

What exactly is a “handbook”? The term is elastic and in Neurology is applied to entities ranging from The Handbook of Clinical Neurology series (99 volumes at last count, each many hundreds of pages), to point-form “scut monkey” paperbacks small enough to fit into a resident’s lab coat pocket (and now almost completely superseded by hand - held devices). This particular “handbook” under review is neither comprehensive nor useful in the clinical trenches. Indeed the rationale underlying its conception is unclear.

The preface declares that the book is designed for “residents, neurology attendings and intensive care specialists” to “order the appropriate electrical test”. The introduction declares that the book can be used “to review the meaning of a particular test result that has been received”. The structure of the book is arguably organized around clinical problems but this problem-based focus is extremely inconsistent. “We provide a test result that may be encountered for a problem” – a focus on examples, rather than on distinguishing features, that is not a typical problem-based strategy. This lack of a coherent rationale for the book and, accordingly, for its organization undermines its usefulness, as does its restriction to problems only occurring in acute hospital settings. And, although designed “to accompany you on your rounds”, at 19 x 24.5 cm, this “handbook” will definitely not fit in a lab coat pocket.



The structure of the book is somewhat incoherent too. Part 1 of the book is entitled “Central Nervous System Disorders” and is divided into two sections. Section A: “Altered Consciousness” includes 16 examples of generalized (non-periodic) EEG abnormalities. Section B: “Periodic Patterns of Epileptiform Discharges, or Seizures” provides examples of pseudoperiodic lateralized epileptiform discharges and generalized periodic epileptiform discharges. Part 3 (“Conditions of Prolonged Unresponsiveness”) includes a section on evoked potentials that encompasses everything from SSEPS in diffuse cortical anoxic injury, to VEPs in Multiple Sclerosis.

The organization of the discussion of neuromuscular disease electrophysiology also does not cohere. Section A: “Paralysis and Respiratory Failure in ICU and on the Ward” is followed by Section C: “Respiratory Failure/Diffuse Weakness” (in which critical illness neuromyopathy is presented).

Individual figures display EEG abnormalities and are accompanied by descriptions. If you are not already able to read EEGs, then relating the descriptions to the recordings is virtually impossible. Similarly, the provision of figures displaying numerical nerve conduction study results does not add to the interpretation provided. Some terminology employed is idiosyncratic (“irritable myopathy”) or antiquated (“NCVs” or nerve conduction velocities as a general term for what are usually called nerve conduction studies).

I attempted to use the book to deal with clinical problems during two weeks on a busy general Neurology service in an academic health centre. I did not encounter a single instance during that period in which this handbook contributed to furthering my understanding, helping residents learn or improving the care of my patients.

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