

## You pays your money . . .

### Neurology in Clinical Practice.

Ed W G Bradley, R B Daroff, G M Fenichel, C D Marsden.

(Pp xxxvi + 1941 + indexes; figs; 2 volume set £160.) Boston: Butterworth-Heinemann, 1991. ISBN 0-409-90080-X.

In the same week that I received the two volumes of *Neurology in Clinical Practice* to review I also received a complementary two copies of the rival British text *Clinical Neurology*, edited by Swash and Oxbury. As the two books are aimed at the same readership and are of a similar price and size it has been tempting to run a direct comparison between the two.

In its first volume *Neurology in Clinical Practice* is particularly good in covering the clinical neurosciences, with excellent sections on principles of diagnosis and management. Part I deals with the common neurological problems from disorders of consciousness to muscle pains and cramps. The chapters on neuro-ophthalmology are particularly good and the diagrams excellent. I would especially single out for praise the section on pupillary and eyelid abnormalities for the quality of the line diagrams and the high quality colour retinal photographs.

The second section of volume I is concerned with investigations and the final two sections with clinically related neurosciences such as neuroepidemiology, neurogenetics, and neurourology and principles of neurological management. Again I found the chapters excellent, and I particularly liked to see sections on managing neurological disability, neurological problems of pregnancy, and neurological problems of elderly people. This last chapter scores heavily because it lists many of the neurological signs that can be found in otherwise normal elderly people.

The second volume is more conventional. Chapters on stroke and head injury and other mainstream neurological disorders maintain the high standard. What makes the book special are the novel chapters on the neurological consequences of systemic disease and a series on regional neurology dealing with disorders from particular countries such as Africa, India, and Latin America.

One criticism that I must make is of the contents list, which is brief and uninformative. The index, however, is good.

Clinical neurologists are lucky to have the option of either buying *Neurology in Clinical Practice* for £160 or paying a further £30 for the not dissimilar Swash and Oxbury textbook. Without running a direct comparison between the two I have to say that *Neurology in Clinical Practice* is excellent, and had I not

received a free review copy then I certainly would be rushing out to buy it for myself. — N E F CARTLIDGE, senior lecturer in neurology, University of Newcastle upon Tyne

## . . . and takes your choice

### Clinical Neurology.

Ed M Swash, J Oxbury.

(Pp 1766; two volume set £195.)

Edinburgh: Churchill Livingstone, 1991.

ISBN 0-443-03221-1.

One might be forgiven for believing that in the past few years every neurologist with an English A level (and some without) has written a textbook on some aspect of neurology or neurophysiology. There has been a similar, though lesser, proliferation in the number of general neurological texts. Broadly, they may be divided into two types: older, often eponymous, textbooks, which are periodically updated, and newer, multiauthor books, of which this is an example. Both have their failings—it is often difficult for a single author adequately to cover all aspects of neurology and bring both illustrations and text up to date at the same time; equally, multiauthor books may suffer from irritating changes of style, be repetitious, or fail to cover some subjects adequately.

*Clinical Neurology* is a handsome, two volume textbook edited by two British neurologists with expertise in well polarised aspects of their specialty. They have recruited over 120 contributors and are to be congratulated on keeping them on a tight rein and not allowing them to indulge in their specialist topic to the detriment of the whole chapter. Some individual contributions are small and I wonder whether so many authors were really necessary—the entire chapter on headache has been almost completely written by two authors; the section on infectious disease required 16.

Clinical neurologists need a textbook to give a comprehensive, well referenced account of a symptom or disorder. They will usually turn to a textbook when faced with an unusual symptom in a common disorder or a constellation of symptoms and signs that defies diagnosis. "Recent Advances" or an unduly scientific text will be unhelpful. For this purpose the book is successful—it is primarily a clinical text written by clinicians with chapters that deal with both symptoms and diseases. Omissions are few, although I would have liked to see a chapter on clinical examination and history. The layout is attractive and consistent throughout, the illustrations are of a high quality and are up to

date, and the text is well referenced. I particularly enjoyed the chapters on neuro-ophthalmology and disorders of higher cerebral function. Inevitably where repetition occurs there is a difference in emphasis. For example, in the chapter on the myasthenic syndrome there is a clear and up to date account of the pathogenesis of the Lambert-Eaton syndrome; in the later chapter on paraneoplastic disease there seems some doubt as to whether it even has an autoimmune basis.

Is the book any better than its competitors? I've used it in parallel with my own textbooks for the past two months, and despite initial misgivings about the number of authors I found that it performed favourably. It is certainly as good as the best general neurological textbooks available, and in my view a purely clinical readership would prefer it. I am told that book reviewers should never use phrases such as "should be on the shelves of every departmental library." So I won't, but I've ordered it for ours. —D J DICK, consultant neurologist, Norfolk and Norwich Hospital

## Most want to know

### Information Resources for Cancer Patients and Their Families.

I Davy. (Pp 166: £13.) Sheffield: University Department of Information Studies, 1990. ISBN 0-903522-21-7.

Twenty five years ago nine out of 10 doctors would conceal a diagnosis of cancer from a patient. Although some sufferers were relieved to enter this conspiracy of silence, many suspected the truth and feared the worst. By 1979 up to 98% of doctors claimed to be open with patients, and nowadays we are required to obtain informed consent before initiating treatment with radiotherapy or chemotherapy. Surely no victims of cancer can now avoid full knowledge of their diagnosis, treatment, and prognosis. How is it, then, that over recent years there has been a proliferation of cancer advice services and self help organisations, receiving many thousands of requests for information each year?

Davy has investigated the information resources available to people with cancer and their families. She interviewed 29 health care professionals, including consultants and general practitioners in the Sheffield and Rotherham area; visited two large cancer centres; and contacted libraries, community health councils, health education units, and national cancer organisations as well as performing a wide ranging review of medical publications and of those available to the lay reader.

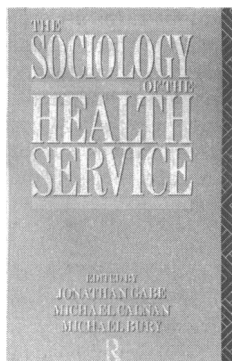
Refreshingly, the author does not regard

cancer as a psychiatric illness requiring an exceptional degree of counselling and psychological support. She presents the arguments for and against truthful disclosure from the point of view of the doctor, patient, nurse, and family and concludes that, although a few patients are so fearful of cancer that they prefer to know very little, most can cope better with their natural feelings of anxiety and helplessness if they are informed enough to make decisions about the life adjustments they must make—though this usually falls short of wishing to be told that they have incurable disease or are terminally ill. Although the doctor remains responsible for the overall care of the patient, many sufferers will not remember or understand what the doctor has said, may not wish to delay him or her with questions, or may prefer to cope by denial or by putting on a brave show, later turning to other health care workers for information.

Have the orthodox carers then failed if the patient turns to outside sources? This is implied but not explored, and although we are given a good account of what is available, we do not learn what gap is filled. The patient with cancer is eager for better news and perhaps needs to confirm or expand what has already been said, or to seek extra reassurance. There will certainly be the hope that the doctor was wrong or wrongly pessimistic.

This fascinating report was prepared as the dissertation required for a master's degree in information studies but was subsequently published because of its particular merit; as a result it is modest in format but of interest as a layman's dispassionate review of an emotive topic. —IRENE PEAT, *consultant radiotherapist and oncologist, Leicester Royal Infirmary*

## Still to come



**The Sociology of the Health Service.**  
Ed J Gabe, M Calnan, M Bury.  
(Pp 246; £12.99.)  
London: Routledge, 1991.  
ISBN 0-415-03159-1.

**W**ith the current ferment in the NHS this book has the opportunity to become a best seller. But do sociologists have anything useful to say about the health service? Can they rise to the challenge of providing illuminating insights into an essentially political debate?

In fact, the book ducks out of the challenge immediately, for the contributions are overwhelmingly concerned not with the sociology of the health service but with health and social policy. I take the difference between sociology and social policy to be one mainly of timescale and scope; while sociology is the "pure science," concerned with the overarching issues of culture and structure, social policy is to do with the here and now and is less bothered by grand abstractions.

As befits a book whose focus is, then, on the social aspects of health service policy, there is much about privatisation, about professionalisation, and about management, topics that will be of immediate interest to health service policy makers and administrators. Nevertheless, it begins with a review of the development of medical sociology during the 1980s by one of its most influential figures, Margaret Stacey. She observes that over this period sociologists of health and illness became increasingly close to health service practitioners, while macropolicy issues were neglected. John Mohan takes up just such a macropolicy issue with a discussion of privatisation. The pace of change is now so rapid, however, that this chapter, with its reference to the establishment of self governing hospital trusts as a "novel" proposal, already seems rather dated.

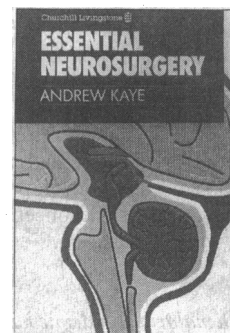
Angela Coulter examines the problems in incorporating the results of evaluation studies of medical interventions into health policy. Mary Ann Elston's chapter and the chapter by Michael Calnan and Jonathan Gabe both explore the tensions that exist between doctors and the state (which threatens their "professionalisation"), and between doctors and patients, who, as purchasers of medical services, threaten to impose consumer sovereignty. Despite several caveats they conclude that there is little sign that these threats have yet had any notable effect.

David Cox contributes an account of the recent history of health service management since the Griffiths report, and Hilary Land reviews the debates on community care. Both these chapters provide brief but thorough descriptions of the characteristics of current policies and developments, but neither attempts a sociological approach to its subject; as a result, although there is lots of information, one does not obtain a much deeper understanding of the issues. This contrasts with the chapter by Alan Beattie, which aims at, and to some extent succeeds in, placing health promotion within a wider conceptual framework which helps to show why it is developing the way it is.

In a final chapter Margot Jefferies offers a list of priorities for further research in the 1990s. In keeping with the tenor of the book, these are in fact questions of health policy research rather than items of sociological inquiry, although, curiously, in a final section right at the end of the book

headed "an unauthorised sociological research agenda" she advocates more work on the "major concerns of classic sociological theory," for only "against this background can contemporary events and trends be seen in their proper perspective." While there is much of value in this book, especially to those concerned in making and reacting to health policy, the sociology of the health service has still to be written. —NIGEL GILBERT, *professor of sociology, University of Surrey*

## NOTED



**Essential Neurosurgery.**  
A Kay  
(Pp 407; £15.95.)  
Edinburgh:  
Churchill Livingstone,  
1991.  
ISBN 0-443-04350-7

**T**he rapid changes in neurosurgery make it difficult for a single author to review the subject in a short book; Andrew Kay has achieved this in an up to date but didactic way. He provides a clear outline of clinical neurological assessment together with neuroradiology, including magnetic resonance imaging. Intracranial pressure is well covered, the author correctly recommending lumboperitoneal shunting for normal pressure hydrocephalus and benign intracranial hypertension. Unfortunately, he recommends fluid restriction for head trauma, most centres having stopped this practice. The three chapters on brain tumours are comprehensive, but in the section on subarachnoid haemorrhage the World Federation of Neurosurgical Societies grading is omitted. There is no reference to interventional radiology with balloon occlusion of aneurysms or angiographic embolisation of arteriovenous malformations. Spinal disease is adequately covered.

The book is well balanced and suitable for medical students and trainees in surgery, including its various specialties.

All titles reviewed here are available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the UK and for members of the British Forces Overseas, but overseas customers should add £2 per item for postage and packing. Payment can be made by cheque in sterling drawn on a UK bank, or by credit card (Mastercard, Visa, or American Express) stating card number, expiry date, and full name.