
So often it is difficult to be sure about whether a drug is really the cause of a neurological disorder. The sole evidence for an adverse reaction frequently consists of a mere handful of reported cases. A disproportionate number of these are derived from the early vigilance occurring during clinical trials and initial introduction of a drug. The putative neurological side effect may not have been evaluated by a specialist neurologist, and so incidental conditions unrelated to the drug may be wrongly classified as adverse reactions. Later on, when reporting of more cases would add weight to the notion of a drug induced adverse reaction, neurologists aware of these cases may be inhibited from further reporting by discovering that this particular side effect no longer provides the novelty value required for publication.

Dr Jain has undertaken the burdensome task of guiding us through this morass. In W G Bradley's preface to the book, we hear of Dr Jain's credentials to undertake such a task: "... a neurosurgeon and neurologist who, for many years, has been a medical advisor to the pharmaceutical industry". The chapters cover neurological syndromes such as seizures, peripheral neuropathy, aseptic meningitis, and intracranial hypotension. Early in each chapter there is a list of drugs which have been associated with the particular syndrome in question; this makes for easy reference. The evidence incriminating most of these drugs is discussed in the subsequent text with liberal citation. The author's nuance tends to imply how robust he considers the relationship between drug and adverse reaction to be. There is some particularly useful information for everyday clinical practice. For instance which antidepresants are associated with the lowest risk of precipitating seizures? To begin with I was surprised to find a whole chapter devoted to drug induced Guillain-Barre syndrome, since this is an unusual diagnostic consideration in such patients. However, it was illuminating to read Dr Jain's account of how gangliosides, various vaccinations, and the immunomodulatory effects of the chemically related drugs penicillamine and captopril have caused this disease. This is a most useful reference book. We should be grateful to Dr Jain for compiling it and admiring his great persistence and industry in assembling such a complete array of factual information.

MICHAEL DONAGHY


This text book sets out to provide a basic introduction to clinical neurology as well as sufficient detail and reference to provide an information source to those more experienced clinicians. It is the lifetime experience of two well versed neurologists whose adulation for the art as well of the science of neurology is well reflected in its pages. It manages to combine the clinical styles from both sides of the Atlantic and has an emphasis on the importance of examination skills and clinical signs. They have conventionally provided well written and to the point contemporary summaries of basic pathophysiology, investigative techniques and neurological diseases which are easily digestible. The section on investigation and differential diagnosis of clinical syndromes provided concise and practical information with a particularly useful chapter on neurological emergencies. One of the most impressive features of this book was the quality of illustrations from the hand drawn pictures by Robert Demarest (some of which are reminiscent of "Aids to Examination of the Peripheral Nervous System") to the beautiful colour plates of some of the newer types of investigations with anatomical aide memoirs.

When a new comprehensive textbook on clinical neurology emerges in the medical press in the face of stiff competition from old favourites I find myself asking how it compares as a reference book across the grades in a general neurology ward. There is no doubt that it provided well received information to all who explored its pages over the six months I perused it and I would recommend it to anyone starting out in neurology wishing to acquire a basic textbook. This is also not a book that will age quickly because of its emphasis on the clinical art of neurology and therefore represents one of the better investments for books of its kind.

NEIL ROBERTSON


It is the editor's intention that the "JNPP should be on the personal bookshelf of every neurologist, neurosurgeon, and psychiatrist". At the cheapest an annual personal subscription is £96 (compared with £68 for Brain, published bimonthly, and £240 for the Annals of Neurology). That is expensive, unless, of course, the JNPP becomes an indispensable reference in daily clinical practice. If anything does, the monthly review will make it so. These are commissioned in series, such as the current series on neuroepidemiology. This book, like Neurological Emergencies before it, binds such a series together. Here we have reviews from national authorities on the current management of common adult neurological disorders such as epilepsy, headache, multiple sclerosis, motor neuron disease, and Parkinson's disease. Common conditions that are not included are disc disease and peripheral nerve disease. But these omissions are well compensated for by chapters on head injury and meningitis, important problems not always routinely managed by United Kingdom neurologists. There are two especially imaginative inclusions to the collection. The first is a practical survey of the usefulness of molecular genetics in clinical neurology. The second is an analysis of the resources and facilities available in the United Kingdom for the diagnosis and management of neurological diseases. Make space on your bookshelf.

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