

the reinforcement of the importance of evidence-based medicine.

The reader will find the text easy to use, with disease summaries that are well researched, concise, and without extraneous material. Abbreviations are used liberally throughout the work, but they are certainly not distracting. Many chapters are complemented by well-designed tables, graphs, and clinical algorithms. There are additional useful educational tools, such as common electrocardiogram patterns, basic fetal monitoring patterns, stepped-care charts for asthma management, a Mini-Mental State Examination, childhood immunization guidelines, and common overdoses and poisons with antidotes. For those learners who are faced with signs and symptoms but do not have the clinical sophistication to make the diagnosis by specific disease, the index is a valuable reference.

As the author notes, this "little black book" is intended as a starting point for medical students and residents. He notes that many physicians will ultimately abandon these references when the volume becomes too overwhelming. The practicing primary care physician will appreciate the thoughtfulness and attention given to the development of this work, however, particularly to the selection of the literature references. Even the more seasoned physician in a busy practice setting will benefit from its well-designed organization of information.

Kathryn Larsen, MD  
University of California, Irvine  
Orange, Calif

**Textbook of Clinical Neurology.** Edited by Christopher G. Goetz and Eric J. Pappert. 1220 pp. Philadelphia, WB Saunders, 1999. \$75. ISBN 0-7216-6423-7.

The *Textbook of Clinical Neurology*, which weighs more than 6 pounds and is 9 by 11 inches, is intended primarily for neurologists and primary care physicians. The editors indicate that this text is unique because each chapter is divided into three sections that follow the sequence of clinical neurologic diagnosis: (1) neuroanatomic localization, (2) neurodiagnostic tools, and (3) "etiologic diseases." *Neurology* also features icons in the margins to indicate that the accompanying DC-ROM contains an illustrative video, such as physical examination findings.

OK, quick..., define "diencephalon," "intrafusal," and "extrafusal." An irritant in this book is the frequent use of terms that readers are expected to know. In addition, abbreviations are defined at first use and reappear pages later without interval use or redefinition. For example, RBD (REM sleep behavior disorder) is defined 10 pages before its subsequent use. If a reader were to use the index to find a section of interest (such as parasomnias), the reader might have to search exhaustively to find such definitions. A simple glossary including abbreviations would be most helpful.

The CD videos allow illustration that text cannot. Even so, many examination techniques that would be easy to illustrate are, unfortunately, not; and many that

are relatively easily described are illustrated. Unless a reader is already familiar with the techniques, there is no way to know which of a variety of ways to interpret the follow paragraph is correct—and there is no video.

Finger flexor jerks may be obtained in two different ways.... The middle finger is held between the second and third fingers of the examiner and the distal phalanx is flicked downward by the examiner's thumb.... A more reliable way of obtaining this flexion reflex of the fingers was described by Tromner. The examiner lays the fingers of the patient's hand on his own taps his own fingers."

As the user loads the CD in Windows, the user is told that Neurology is going to load Apple QuickTime version 2.1.2. The user, however, is not given the option to skip this step or to quit the installation, which is rude behavior. Having QuickTime 2.1.2.59 already on my computer, I did not want to risk overwriting a more current version with an older version. (As it turns out, *Neurology* loads 2.1.2.59.) The CD does have reasonable teaching videos and also has quizzes that are not in the book—but those are the only attractions of the CD. Otherwise, the electronic medium is poorly used. There is no search feature at all—almost all medical CDs now contain relatively sophisticated ones (or so I thought)—and not even the textbook's index is included (which, if it were, should be hyperlinked to the appropriate places on the CD). The on-screen text is very large, with no user preference settings, as best I could determine.

There is no support for cutting and pasting, printing, making bookmarks for sections users would like to return to, or even backtracking one step to a previous section. The videos had no audio (at least on the computer I was willing to load it on), which make them eerily silent. Most disappointing to me, there was no list of videos—I had to scour the on-screen text, going between arrows to turn pages and scroll bars to read each page, or I had to return to the margins of the printed book to locate icons and then look up these sections on the CD. Although the CD contains the full text of the book, with no index and no search feature, the CD is not particularly useful except for the teaching videos and quizzes.

In summary, we have a textbook that weighs more than many modern laptop computers (or newborns, if you prefer) and that includes primary care physicians among its intended audience, but contains more information than most primary care physicians want in a manner that requires too much deciphering. The included CD has rudimentary functions and does not leverage its greatest potential utility—the ability to list and play the videos. At this point, this text would be useful only for a medical library on a limited budget that wants to cover all of neurology with one current text. For all others, I would recommend waiting until the second edition before (re)considering purchase.

Gary N. Fox, MD  
Toledo, Ohio