HANDBOOK OF NEUROLOGICAL REHABILITATION, 2ND EDITION
Edited by Greenwood, Barnes, McMillan and Ward
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Neurological rehabilitation is an important and fascinating sub-speciality, which is attracting increasing interest from clinicians and managers alike. Epidemiological studies show
that about 40% of significant chronic disability is due to neurological disorders. It has been argued that if you ranked hospital expenditure by disease, stroke—as a common condition necessitating admission and entailing long stays with heavy staff input—would be top of the list.

However, awareness and the size and cost of a health issue is not sufficient to attract clinicians to train in the area, develop research, set up services, or even read the literature. How up to date are you the reader in your knowledge on managing smoking cessation? For a sub-speciality to grow and flourish, it needs a sympathetic and fertile environment. Neurological rehabilitation enjoys this now for three main reasons.

The first concerns developments in neurology. In the past neurology could be charged with being mainly a diagnostic speciality. Neurologists had widely acknowledged skills in history taking, including interpreting obscure symptoms, and they were renowned for complex examinations, demonstrating their ability to elicit esoteric neurological signs.

These skills aimed to answer the two fundamental questions for diagnosis: where is the lesion? (localisation within the nervous system), and what is the lesion? (likely pathological basis). To the traditional questions of where and what, the modern neurologist adds, so what? Can this be cured (drugs, surgery, coilings, etc.)? How can the symptoms be managed? And what are the consequences on function, work, family, quality of life? If we accept that rehabilitation involves optimising function and independence within the limitations of impairment and available resource, neurological rehabilitation is a fundamental component of managing any chronic neurological disease.

The second attitudinal change to be acknowledged is that within rehabilitation medicine. It seems inevitable that any growing speciality will eventually foster sub-specialties. As the knowledge base expands it will not be easy for a practitioner to be up to date in all areas. As new skills are acquired and refined, and recognised by colleagues, referral patterns will alter. Specialist services will follow. These trends have led to the evolution of rheumatological rehabilitation, prosthetics, neuro-rehabilitation.

Thirdly, there has been a welcome and valuable attitudinal shift within non-medical speciality areas like physiotherapy and occupational therapy. Commitment to research and exploring the evidence base for established practice seems to be gaining increasing acceptance. This new perspective, linked with a graduate profession and well-structured training programmes, can be anticipated to lead to a dynamic growth.

Recognising the growing importance of neurological rehabilitation, Greenwood, Barnes, McMillan and Ward edited the *Handbook of Neurological Rehabilitation*. Ten years later they have produced an updated and revised second edition.

Whilst styling itself as a handbook, this is a substantial tome. If, cognisant of the growing importance of neurological rehabilitation, you had been contemplating expanding your library with a volume on the subject I commend this one to you. It rises admirably to the challenge faced by generalist sub-speciality books of offering breadth without superficiality, and providing value to a wide readership.

The book is organised into three sections; principles of practice, assessment and treatment of functional deficits, and specific disorders. It has clearly been tightly edited and enjoys a remarkable consistency of style. There is a good indexing system and illustrations are well chosen and clear. Each chapter is supported by an extensive list of references.

It would be very feasible to use this text as a reference book, dipping in to check the outcome of closed traction brachial plexus injuries, or what to say to the family who have found reminiscence therapy for dementia on the internet. However, that would deprive you of an interesting read.

There is a welcome emphasis on basic science with excellent chapters on topics like cellular damage and recovery, plasticity and neural transplants. The early chapters on principles of practice cover topics like teamwork, ethics and learning. The favourable impression of strong editing has not led to the authors being restricted in their views, and some have been bold and thought provoking in their approach. For example, the chapter on epidemiology concludes with a list of questions on service design. The detailed chapter on organisation of neurological rehabilitation services concludes with a dissenting commentary, decrying the unexamined ideological slant of clinicians involved in rehabilitation. The notable chapter describing rehabilitation for neurologists and detailing the contribution to be made by neurologists to the rehabilitation process was particularly enjoyable.

There are several chapters on topics which it is useful to be updated on, such as Assistive technology and neuro-prostheses. Other hard to access information is covered in the very strong chapter on physical consequences of disablement, such as pressure sores, hypertrophic ossification and nutrition.

The chapters on cognitive function cover memory, dysexecutive syndrome, aphasia and spatial-perceptual disorders. There is a strong emphasis on rehabilitation which will greatly increase the value of these chapters to the intended readership. Within a wealth of useful contributions, chapters on psychiatry and on psychosomatic disorders stand out.

Disease-specific chapters can be a weakness in general textbooks. They may lack critical selection, trying to cover too much when an expert has just one chapter to summarise a disease. They may repeat information given elsewhere, like spasticity in separate chapters on multiple sclerosis and spasticity. This section on specific disorders has been particularly successfully commissioned and edited.

Some authors succeed in imparting a multitude of data in their chapter, such as the *tour de force* on ‘Stroke rehabilitation: the evidence’. Some authors have risen to the challenge of writing about a disease for a book on rehabilitation, and have concentrated on important areas often given less attention. For example, the chapter on epilepsy summarises anti-epileptic drugs but discusses in detail cognitive...
dysfunction, psychological and psychiatric disturbance, and social aspects like employment and driving.

The four editors all practise in the UK. Two are neurologists by background, one is trained in rehabilitation and neurology and one is a neuropsychologist. The authors’ and editors’ experience is wide and the content of this book is not focused on British health settings. However, where specific factual information on legislation, etc., is given it is applicable to the British setting.

In summary, this is an excellent book, covering with flair and thoroughness an increasingly important and interesting area.

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