
Acute neurology encompasses all those neurological illnesses that are severe enough to warrant urgent admission to hospital. Some of these are life-threatening and rapid clinical evaluation is required. About 10% of new patient attendances in the accident and emergency department have a neurological problem—mostly stroke, headache and alteration of consciousness.

This is the second edition of Neurologic Emergencies: A Symptom-Oriented Approach. It is a truly practical guide that explains what to do in neurological emergencies. The four North American authors use a symptom-based approach to teach the reader a logical approach to the rapid investigation and treatment of common neurological emergencies. It is meant to provide quick answers when time is in short supply. The text is clearly laid out, with extensive lists, summary tables, figures and algorithms. The tables of differential diagnoses (the chapter on acute focal neurological deficit deserves special mention in this regard) and flow charts (notably for aphasia and dysarthria) are invaluable for neurology trainees. This slim volume certainly packs in a
huge amount of information. The text is clearly not intended to be exhaustive, but if more detailed information is required this can always be found from the references.

The first chapter gives an overview of the fundamental concepts of neuroanatomy. Neuroanatomy is frequently considered by trainees to be one of the most technically intricate disciplines that they must study. This chapter attempts to review the basic anatomical concepts necessary to evaluate the historical and physical findings most often seen with acute neurological problems. As the authors very rightly comment, mastery of these simple principles and a fundamental understanding of the overall organization of the nervous system allows the accurate localization of disease entities.

The second chapter gives the basic principles of how to take a carefully selected history and perform physical examination of a patient with an acute neurological complaint. Very helpful summary tables and algorithms support the very well written text in this chapter.

The remaining 12 chapters discuss in detail how to evaluate patients with common neurological complaints: altered states of consciousness, acute focal neurological deficits, acute generalized weakness, movement disorders, headache, acute blindness, double vision, abnormal pupils, neurological trauma, psychogenic neurological syndromes, seizures, and neck and back pain. These chapters are easy to read, with clear and helpful tables, figures and algorithms. The text is extensively referenced throughout. Consideration is given to how to distinguish the benign from the serious causes of each complaint and how to evaluate patients rapidly and efficiently.

The chapter on acute focal neurological deficits describes useful techniques to localize the anatomical lesion causing the patient’s symptoms. The authors give useful clues to consider in determining whether a lesion in the brain, the brainstem, the spinal cord, the peripheral nerves or the muscles may be the cause of symptoms. This chapter includes a comprehensive review of acute stroke management supported by evidence-based medicine.

The evaluation of headache is a common task for any physician working in the acute care setting. The authors include a very comprehensive chapter, highly illustrated, on the evaluation of headache. They aim to help readers to apply their skills to sorting the benign from the serious causes of headache. The chapter includes a comprehensive discussion on the management of subarachnoid haemorrhage. The authors provide tables with important historical facts to elicit during the evaluation. They also give a very useful algorithm regarding laboratory evaluation of patients presenting with acute headache.

Seizure is frequently the presenting symptom that precipitates the patient’s entrance into the medical care system. The authors provide an informative review on the evaluation and stabilization of seizures. There are algorithms for the approach to a patient presenting with the first seizure, and status epilepticus.

My favourite chapter was on psychogenic neurological syndromes. The evaluation of patients with presumed psychogenic neurological symptoms presents a great challenge to the skills of any physician. Because diseases affecting the nervous system can manifest in a multitude of ways, differentiation of true organic from functional neurological manifestations can, at times, be extremely difficult. Psychogenic complaints are frequently embellishments on true, established organic problems. In this chapter, emphasis is placed on a mode of examination and a style of practice that will allow one to gather the information necessary to render an appropriate diagnosis while at the same time establishing a trusting therapeutic relationship with the patient. The main emphasis is placed on the following common psychogenic symptoms: numbness, weakness, disorders of consciousness, pseudoseizures and visual complaints.

In conclusion, this book is extremely user-friendly. It is compact and easy to carry for visits to the intensive care unit and accident and emergency department. Its greatest use lies in the fact that it can be used not only as a reference tool for the practising neurologist, but also as a teaching resource for general physicians, casualty officers, and even medical students. This book will be an excellent addition to any neurology ward, library or accident/emergency department.

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DOI: 10.1093/brain/awh059