

## Textbook of Clinical Neurology

**Edited by JBM Kuks, JW Snoek  
Bohn Stafleu van Loghum 2018  
Price £74.99. Pp 372  
ISBN 978 90 368 2141 4**

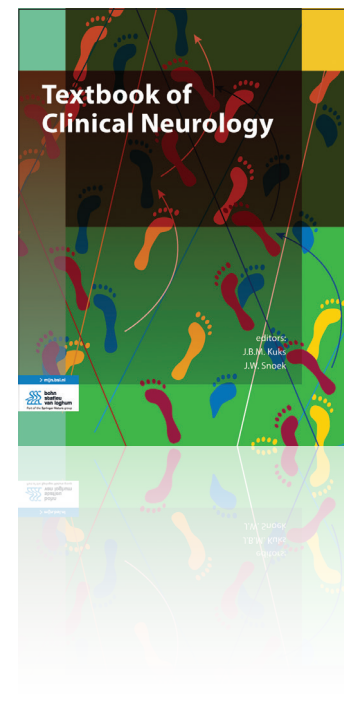
I am not sure if trainees of today use books as part of their education, rather than Googling for suitable websites, but if they do then this offering from the Netherlands is a highly acceptable primer in neurology. This is a translation and updating of a popular Dutch textbook, *Klinische neurologie*, previously edited by HJGH Oosterhuis.

The initial 11 chapters, apparently written by the editors, detail basic anatomy and physiology, before 18 chapters written by expert contributors devoted to particular categories of neurological disease. This apparently bipartite arrangement, mirroring traditional medical training approaches, is superseded by close integration of 'pre-clinical' material with clinically relevant aspects through inclusion of suitable

clinical material in the basic science sections, as well as copious cross referencing between the chapters. There are many illustrations, including magnetic resonance images. As befits modern texts, additional clinical (case) material is available online for 'authorized users'.

Occasional errors occur, e.g. at the beginning of chapter 8 where the 'functions of the cerebellar cortex' preface functions of the cerebral cortex, and an important 'not' is missing in the description of Wernicke aphasia (p98: 'the patient does understand what is said to him').

As English has become de facto the lingua franca of medical communication, the contributors have been bold to develop this textbook for a global market. Further editions are to be hoped for, should books remain part of the medical curriculum.  
*AJ Larner, Walton Centre for Neurology and Neurosurgery, Liverpool*



## Core Topics in Cardiothoracic Critical Care (2nd edn)

**Edited by Kamen Valchanov,  
Nicola Jones, Charles W Hogue  
Cambridge University Press 2018  
Price £71.99. Pp 484  
ISBN 978 1 10713 163 7**

In the 10 years since *Core Topics in Cardiothoracic Critical Care* first hit the bookshelves, there has been an enormous expansion in the research and regulation relating to the subspecialty. Updated this year to include all such advances, the book's new editors also represent 'both sides of the pond', thus enabling the reader to appreciate the relevant medical practices of both Britain and north America.

While not a light read, the editors have done a very good job at dividing the 484 pages into 57 bite-sized chapters. This allows the reader to delve easily in and out of the book without feeling overwhelmed. Topics are clearly signposted, and clarity is further enhanced through the use of photos and images of pathologies, useful algorithms and key learning points. The multiple choice questions at the end of each chapter are an excellent way of confirming one's understanding of the subject matter.

This book makes an excellent read for not only budding cardiothoracic intensivists, but also for those with no particular interest in pursuing such a subspecialty career. For the non-specialist, knowledge of 'their' practice is extremely relevant to 'our' practice.  
*Edward Gilbert-Kawai, University College London Hospital, London*

## Autopsy in the 21st Century: Best Practices and Future Directions

**Edited by Jody E Hooper, Alex K Williamson  
Springer 2019  
Price £109.99. Pp 198  
ISBN 978 3 319 98372 1**

With the globalization of medicine, one could be forgiven for thinking that all rich countries, especially the Anglophone ones, do death and the autopsy in a similar fashion. This 10-topic overview from the USA is historically aware and well referenced, but makes no mention of contemporary European or UK practice.

The introduction, by an eminent New York pathologist, includes a telling statement worth quoting in full: 'Unfortunately, it may well be that the well-

performed "complete" hospital autopsy will cease to exist in the coming decade, even in academic centers, because of a combination of clinician and pathologist disinterest, lack of effectiveness of individual pathologists and their organisations in explaining to both the medical profession and lay public the continuing benefits of autopsy, and economic factors such as health insurers not paying for autopsy and hospital administrators not supporting autopsy'. Quite!

Forensic autopsies and their legislative backgrounds, modern and rapid techniques for autopsy diagnostics, uniform reporting proformas with search facility for medical research, new disease and infection identification, with epidemiological utility – all are addressed. UK readers will find nothing on the medicolegal *vs* consented autopsy dichotomy, and ensuing constraints on diagnoses being fed back into the NHS as audit and quality improvement. The chapter on quality improvement, the most interesting for me, denotes the new thinking – and new monies – that would be needed to implement such full use of quality autopsy data into medicine. But where is the will to do this?  
*Sebastian Lucas, St Thomas' Hospital, London*