The individual “short historical notes” contain a number of surprises about origins of current practice that are probably otherwise lost on most general neurologists, and quite likely many neurointensivists. One consistent highlight is the number of contributors to each of the many singularly eponymic themes in NCC, in some cases probably attributed to the wrong author. A second point of emphasis is that much of the groundwork from seemingly unrelated areas of acute neurology and neurosurgery (before the unifying field of neurocritical care, or even general critical care), was accomplished by a small number of contributors who covered a vast array of content. Most notably, this list of founding fathers includes Cushing, Plum, Posner, Jennett, Miller-Fisher, Adams, and Gowers, among others.

Examples of the above points include the origins of IVIG use in Guillain-Barre syndrome, after a patient with CIDP was accidentally given a plasma infusion rather than exchange, leading to improvement and further exploration of its potential use in GBS. The first Coma scale was probably introduced by Ommaya, whose name is now almost exclusively associated with his ingenious reservoir (his other accomplishments are no less impressive). Wijdicks also includes relevant direct quotations from the original papers when appropriate, such as the rationale for the three components of the Glasgow Coma Scale.

With this latest addition to his vast list of publications, Dr. Wijdicks provides another important and insightful contribution to the expanding field of neurocritical care, that will be well-received by general intensivist, neurologists, neurosurgeons, and neurointensivists. The overall tone of the book supports the ongoing mission of neurocritical care, perhaps best summarized in his references to the work of Munro, who was famously known as the “father of paraplegia” for his untiring work with victims of spinal cord injury. Dr. Munro was known as an eternal optimist in the face of devastating neurological injury, as he “refused the defeatist attitude of his colleagues”.

“Famous First Papers for the Neurointensivist” provides a unique and important look into the origins and current state of neurocritical care, and is easily read in sections or continuity. This work is highly recommended as an exploration of these foundations, a critical review of their suitability to current practice, and an incentive for ongoing exploration into improving outcomes for critically ill patients with neurologic disease.

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REFERENCES


This is a multi-author book on Hyperkinetic Movement disorders with the exception of tremor. The book includes all of the generally accepted hyperkinetic movement disorders as separate chapters. The author list is excellent and all of the authors are well published in the respective areas that they have written about. The editors are well-established movement disorders neurologists of international calibre and so the credibility and quality of material is excellent. The general structure of the chapters is reasonably consistent with a very good set of illustrative video based vignettes, followed by the usual discussions of epidemiology, clinical features, differential diagnosis and treatment for each of the syndromes. The ten chapters are easy to read, succinct and give a good overview. Clearly, many of the syndromes are extensive in themselves and this book cannot do justice to them in much detail. However, since the reference list is extensive, it allows the reader the choice of doing the more in depth reading directly from the source if needed, while providing those that need a rapid reference, just that. This is an important balance that the editors have achieved in this book. On the whole, this book can serve as a comprehensive guide to the non-movement disorder specialist and neurologist, to residents and also to allied health care field such as movement disorder nurses and practitioners.

Chapter 1 provides a review of the pathophysiology of the various hyperkinetic disorders. The initial pages provide a very brief outline of the anatomy and chemistry of the basal ganglia and also the systems level electrophysiological properties. The authors then present a synopsis of each of the disorders individually for all of the conditions covered in the book. I like this approach as it allows the reader to see the similarities and differences that are currently known for the conditions together as compared with them being presented in each chapter. The chapter is very well referenced.

Chapter 2 covers Huntington disease and the choreas. There are illustrative video segments at the start. The videos are very good and easy to see, although I found them occasionally choppy despite having an excellent internet connection. Also, there is no video of Wilson’s disease here, which would have been helpful.

Chapter 3 is dedicated to dystonias and while this is an enormous topic, the authors have given a brief glimpse of the important primary and secondary dystonias. I liked the introduction as it introduced and explained important terms such as geste and paradoxical dystonia. The table of secondary dystonias is comprehensive. Similarly in the treatment section, the special cases and surgical treatment have also been touched upon.

Chapter 4 deals with Tourettes syndrome and follows the same structure as the previous chapters. An especially strong point in this chapter is the coverage of the psychiatric issues that have been
addressed fairly thoroughly which is important for the neurologist as well. Treatment options including surgical therapy have been touched upon as well.

Chapter 5 reviews myoclonus. The complexity and variety of this condition is well addressed right at the start with many video examples. The examples are interesting and do cover the entire spectrum from etiology to phenomenology and pathogenesis and are the most important component of this chapter. The authors have also addressed the topics covered in the videos in the same manner in the text, which is a very nice way of tying them together.

Chapter 6 focuses on Paroxysmal dyskinesia. The videos offer all of the currently understood paroxysmal dyskinesias which is excellent as they are hard to find. The descriptions in the text are short but do cover clinically relevant material. A table that lists other paroxysmal conditions such as periodic paralysis and the ataxias might have been useful, especially in order to highlight the overlap.

Chapter 7 which covers psychogenic movement disorders is very comprehensive and well written. The main strength of this chapter is the comprehensive psychiatric issues that are covered. In most movement disorders texts, while the movement disorder is well explained, the psychiatric underpinnings are not explained. The authors have done justice to this issue which to me made the read very interesting. I would have liked to see more video cases as the variety of psychogenic presentations, although dystonia is covered in Chapter 3.

Chapter 8 discusses drug induced movement disorders. The list of offending drugs is quite extensively covered. The acute movement disorders are well covered. However the chapter on Tardive dyskinesia, although very thorough, would have been easier to read if there were subtitled sections on pathophysiology, treatment, etc. One of the pages has no paragraphs at all which makes it somewhat difficult to read. The chapter is extensively referenced.

Chapter 9 is dedicated to disorders of childhood. I am happy that this chapter deals quite extensively with the non-tic syndromes, which are often not dealt with well. Dystonia and chorea are especially well covered as is tremor. The separate sections on mechanism, etiology, evaluation and treatment make the reading easy and consistent.

Chapter 10, the final chapter so to say is aptly the surgical last resort for some of these conditions. The videos are very informative to the reader as to the possibilities that surgery can offer. The chapter is short, and the topic is too vast to cover in such a book, but the authors have done a good job of giving an overview.

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