

calcium in a population at-risk for falls could have been specifically discussed in the nutrition chapter.

The chapters on clinical diagnosis (Chapter 2) and diagnostic testing (Chapter 3) were very well written and illustrated. It is here that non-Parkinson's disease diagnoses are considered. The color images are bright and informative. As expected from a group of excellent clinicians on top of their field there is coverage of non-motor aspects of Parkinson's disease (Chapter 5) and suggestions for their management. The point-form based recommendations are practical, though recently published evidence based guidelines are not addressed.

There is a section on clinical scales (Chapter 6) that completes the book. Non-motor and motor assessment scales are included, including the familiar Unified Parkinson's Disease Rating Scale (UPDRS). One might quibble with leaving out the Montreal Cognitive Assessment Scale (www.mocatest.org), which recent literature suggests is useful in Parkinson's disease patients. A number of other instruments have been developed and will likely supplant the MMSE, which is insensitive to early cognitive change in PD. Though referenced, a more important omission in my view is leaving out the Non-Motor Symptom questionnaire, which can be used to identify non-motor symptoms. Readers should be aware that a new version of the UPDRS has been validated, but is acknowledged that the extant literature generally applies the standard UPDRS.

Rather than a detailed reference list, a list of selected references is presented under a "further reading" heading. The references include recent and classic important articles, with some quoting of the authors own studies. I think this is a practical approach, albeit less comprehensive than a complete list of references. Recently developed AAN and EFNS guidelines and the Cochrane databases should have been quoted here and addressed. These could be listed in an appendix, which would improve future editions.

As noted above publication delays inevitably leads to omissions based on newly published materials. For example, the recent clinical trial of memantine in Parkinson's disease with dementia and dementia with Lewy bodies was likely not available when the book went to press. The statement that "oestrogen replacement therapy (ERT) may be a reasonable protective strategy..." is premature based on the data presented and in the literature. I realize that they are not saying to put people on estrogens, but this needs further evaluation given the known risks of estrogen therapy. The non-PD literature suggests that the risks outweigh the benefits of estrogens. This highlights the need for systematic use of the literature.

I think this is an interesting book, which I enjoyed. The target audience might include anyone taking care of a significant number of patients with Parkinson's disease or with an interest in learning how to do so. As such it would be of interest to all clinicians, including fellows, nurses and therapists. Some of the therapeutic suggestions also might be applied to non-PD parkinsonian disorders. I would have liked to see these included in the book in greater detail since the reality of a clinic with parkinsonism includes a spectrum of patients with PD and non-PD parkinsonism, including MSA and PSP. The book is fairly large, but not thick, so it could certainly sit on a desk, or on a shelf, but not in a pocket. I found that there was a personal flavor to the recommendations, which I enjoyed given that the writers are experienced practitioners. A searchable CD and/or pda version would have made this more useful for the real-world clinical use.

Overall, I would recommend the book. I've donated my copy to our clinic. I expect that it will be frequently used by medical trainees as well as other staff. I think this could serve as a reasonable introduction to PD and its management for anyone interested in the care of PD patients, including residents.

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LEFT NEGLECTED - A NOVEL. 2011. By Lisa Genova. Published by Gallery Books. 327 pages. C\$30 approx.

Rated ☆☆☆

"Can you squeeze my hand?" asks the woman's voice. I squeeze, but I don't feel a hand in my hand. "Can you squeeze your other hand?" I don't understand the question.

And so Sarah Nickerson awakens in the ICU with left hemispatial neglect, no longer understanding that she has a left side. Lisa Genova's second novel tells the story of an overextended woman whose career seems more important than her children. When she crashes her car while using her cell phone, that career is over and she must re-examine her life and the unfamiliar half-world she now finds herself in.

The arc of the story is a familiar one (picture George Banks learning that he should spend more time flying kites with his family except that here the part of Mary Poppins is played by a traumatic brain injury). Nevertheless, this is still an interesting read, given the unique twist of giving a character neglect. Genova is a neuroscientist whose first novel, "Still Alice," depicted a woman struggling with dementia. In "Left Neglected," she's done her research and paints a believable picture of what living with neglect must be like. Since the story's told in the first person, Sarah sometimes displays more insight into her problem than we might expect.

Neglect is an endlessly fascinating condition I never tire of facing clinically. I still grapple with the idea of what it must be like to live in a leftless world where even one's own imagination is halved. I'd recommend this novel to trainees who want more of a feel for neglect and who need to get beyond the, "Well, of course she can't draw the left side of the clock, she can't see it," level of misunderstanding. I suspect that it would also be helpful for the families of people afflicted by neglect.

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