

Undoubtedly, realistic limitations on what can be accomplished with DSM-V exist. Nevertheless, efforts to further the development of a solid and scientific research base that could enhance the validity of DSM-V is of utmost importance. This book is a good step toward this development. I congratulate the authors of the six chapters of this book as well as its editors. Without question, this volume represents a far-reaching effort and a good start for the work ahead. One hopes that all of the goals in hand for a successful and well-accepted DSM-V will be met not only in the United States but across the world as well.

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NEUROLOGY

Behavioral Neurology, 4th ed., by Jonathan H. Pincus and Gary J. Tucker. New York, Oxford University Press, 2003, 320 pp., \$60.00; \$32.95 (paper).

This new edition of an old standard comes as does a lovely breath of fresh air into an enclosed room that has become rather crowded and somewhat musty. It is hard to believe that 30 years have passed since the first edition of this book, but we now recognize the importance of that publication as a landmark in clinical neuroscience thinking. The fact that it has now run through four editions (this text is updated from the third edition, published in 1985) attests to the popularity of the book among behavioral neuroscience students and the continuing relevance of the book for clinical practice.

In the last dozen years a plethora of books has been published on neuropsychiatry, each covering a very similar field, and many differing only in the density of the text, the number of figures and illustrations, or the complexity of the referencing. There are fewer books that proclaim the title *Behavioral Neurology*, although recent years have seen a distinct blurring of boundaries of neuropsychiatry and behavioral neurology. Both are recognized as disciplines that attempt to understand behavior primarily through an understanding of the brain and its structure and function and to apply those principles to clinical practice. The discipline of behavioral neurology stems back more formally to neurology (the term was introduced by Norman Geschwind), whereas neuropsychiatry has somewhat different origins, reflecting on the state of the art before neurology evolved as an independent discipline, and the pioneers are such thinkers as Hughlings Jackson in England and Adolf Meyer in the United States.

This book begins with epilepsy, the paradigmatic disorder of behavioral neurology. The chapter serves as a model for the layout of the other chapters. It is clinically oriented, and it provides an initial description of the condition, followed by treatments, followed by comorbid behavioral disorders. It includes discussions about etiology and pathogenesis and relationships between the neurological disorder and the behavioral problems. The text is not overreferenced, and a number of older references are retained, essentially as a reminder of earlier editions. However, more recent references that support or refute the conclusion are also included (not overdone). Obviously, the more recent references contain infor-

mation from up-to-date neuroscience, in particular theories that relate to neurochemistry and neuroimaging, which the first edition of this book could hardly have anticipated.

The additional chapters also emphasize the different approach to the subject compared with most other textbooks in this field. There is a chapter on violence and neurobiology, a chapter on disorders of cognitive function, a chapter on mood, movement, and obsessive-compulsive disorders, and a chapter on schizophrenia. There is an important chapter titled "Distinguishing Neurological From Psychiatric Symptoms" and another important one on "Clinical Examination." Within, clearly described, are several important clinical bedside examinations that should be part of the routine evaluation of patients in a neuropsychiatric setting.

The text is not overcluttered with jargon or references and contains a considerable amount of good clinical sense. The latter comes from the long heritage and experience of the authors and stands in contrast to some texts in this area, which sometimes reveal a neophyte naiveté underlying an enthusiasm for dogmatism.

It is rewarding to see how the field of behavioral neurology and its related discipline neuropsychiatry have developed so substantially in the 30 years since the first edition of this book. Although, sadly, this is going to be the last edition of *Behavioral Neurology*, it stands with its predecessors as one of the substantial cornerstones upholding the temple of behavioral neurology; the task of filling in more of the masonry will have to be left to others. Thank you, Jonathan Pincus and Gary Tucker, for persevering with this book over the years.

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ANXIETY/STRESS

Concise Guide to Anxiety Disorders, by Eric Hollander, M.D., and Daphne Simeon, M.D. Arlington, Va., American Psychiatric Publishing, 2003, 252 pp., \$27.95 (paper).

This compact, pocket-sized review of the anxiety disorders, written by two experts with both research and clinical expertise, has a soothing, lime-green cover, a simple, succinct expositional style, a familiar organization (sequential chapters on epidemiology, diagnosis, course, biological theories, psychological theories, somatic treatments, and psychotherapy treatments), and a wealth of surprisingly up-to-date and comprehensive information about each of the major anxiety disorders (panic, generalized anxiety disorder, social phobia, specific phobia, seasonal affective disorder, obsessive-compulsive disorder [OCD], and posttraumatic stress disorder [PTSD]). In reviewing this kind of "concise guide," gauging both the depth and comprehensiveness of information is most important. The book stands up well to this kind of evaluation.

This book covers most of the important yet often overlooked facts and issues for each of the seven chapter-related topics cited above. For epidemiology, it includes sufficient information on both axis I and axis II comorbid disorders, the status of agoraphobia without panic, the debate on the nosologic validity of generalized anxiety disorder, differences be-

tween compulsive personality and OCD, and the continually puzzling nature of comorbid depression in PTSD (i.e., is it really major depression or a severity marker of PTSD?). The diagnostic chapter contains tables for the differential diagnosis of each disorder and does a nice job of showing how OCD is rather distinct from the other disorders and yet still deserves to be part of the anxiety disorders category. Similarly, it mentions the controversial status of PTSD as both an anxiety and a dissociative disorder.

The chapter on biological theories is the most comprehensive, applying the same organization to reviews of each specific disorder so the reader can easily synthesize findings across the disorders and discern some homologies in pathophysiology. The chapter on psychological theories contains a nice summary of psychoanalytic theories for each disorder with a fair-minded suggestion that, despite the lack of empirical data, these theories are likely still relevant for understanding selected patients. This chapter also covers the more empirically based and evidence-supported cognitive behavior theories. The chapter on pharmacological treatment is surprisingly comprehensive and up-to-date. For example, the use of prazosin to treat PTSD-related nightmares is included, along with augmentation strategies for OCD. The chapter on psychotherapies mentions the controversial status of eye movement desensitization and reprocessing as a treatment for PTSD. A final chapter on selecting treatments provides a reasonable review of the data on combination cognitive behavior therapy and pharmacotherapy for the different disorders.

There are relatively few shortcomings to quibble about. The chapter on the course of illness in anxiety disorders is a bit short and contains selective citations of only some outcome studies rather than a true synthesis of the much larger number. The differential diagnosis section could have mentioned the recent appreciation of high-functioning autism and Asperger's syndrome as mimics of social anxiety as well as the fact that adult attention deficit hyperactivity disorder can often masquerade as generalized anxiety disorder. Medication augmentation could have been discussed for more disorders than just OCD. However, these are relatively minor issues in what is, on balance, an excellent volume and piece of work.

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A Clinical Guide to the Treatment of the Human Stress Response, 2nd ed., by George S. Everly, Jr., and Jeffrey M. Lating. New York, Kluwer Academic, 2002, 470 pp., \$65.00.

The jacket blurb suggests that this book will be of value to "students, practitioners, and researchers in the fields of psychology, psychiatry, medicine, nursing, social work, and public health." It is not clear, however, that this book will fit any important niche for most mental health professionals.

Dr. Everly appears to have a strong public health background and has developed a critical incident stress-management system designed and widely promoted for use by emergency workers. Given that Dr. Everly cites his previous work with the eminent Dr. Theodore Millon in the chapter titled "Personologic Diathesis and Human Stress," we might expect useful and sophisticated thinking regarding the understanding and treatment of stress-related psychological disorders such as posttraumatic stress disorder (PTSD) and

their occurrence in the context of preexisting structures having to do with identity, interpersonal affiliations, and values. Unfortunately, this is not the case. The chapter on psychotherapy, for example, is a very brief primer on a few types of cognitive therapy that will not appreciably deepen the understanding of cognitive approaches except for beginning students. There is a similar lack of depth in the chapter on PTSD, despite the fact that two full pages are given over to arguing for the putative efficacy of eye movement desensitization and reprocessing.

In contrast to the lack of useful information about psychotherapeutic treatment of stress-related psychopathology, there are detailed chapters on breathing relaxation techniques as well as chapters on meditation, diet and exercise, and religion and spirituality. Appendixes include a 14-question "checklist" (without any cited research support) to determine how well an individual "copes with stress" as well as two appendixes listing different herbal supplements. Much of the book reviews ways that stress is thought to affect "target organs" as envisioned in the work of Dr. Hans Selye.

In our opinion, this book leaves important waterways and depths uncharted. There is a heavy focus on biological mechanisms and a scanty approach to conscious and unconscious psychological processing of the meaning of serious life events. The authors do a good job summarizing some new findings (since the first edition), and these sections focus on brain microanatomy, optimism, spirituality, and complementary or alternative medicine.

Weak as it is in dealing with such issues as how to facilitate adaptive mourning processes or conduct psychotherapy through the obstacles of defensive control processes, this book is an excellent resource for the multitude of workers in the teeming stress-management field. We think that business health officers and directors of personnel well-being programs, primary care physicians, and nurse practitioners would benefit from the chapter reviewing gastrointestinal, cardiovascular, respiratory, musculoskeletal, and skin disorders that may be stress related, as well as the section on immune mechanisms.

This volume does not totally ignore the psychiatric literature, but it certainly does not deal with it adequately. The chapter on pharmacological treatment of the stress response is written by two pharmacists. To our reading, this is a compendium of what the drug companies say rather than an adequate review of how psychiatrists should use pharmacotherapy. The relatively long index does not include any reference to intrusions, intrusive thinking, unbidden images, nightmares, avoidances, denial, psychological defenses, grief, or mourning. There is one entry on bereavement, but that is only in terms of its effect on immune functioning, not the fact that loss and mourning responses are common to many kinds of stress. The index does include references to animal magnetism, coffee, esophagitis, Hinduism, Kung Fu, and lavender (the antianxiety activity of).

It may be relevant that Dr. Everly has suggested desensitization techniques to reduce the hypersensitivity of some people after trauma, coupled with techniques that address the cognitive schemata that have been threatened or destroyed by the traumatic event. As he correctly states in the book, he agrees with one of us (1, 2) on these principles. The techniques for desensitization that he suggests include meditation, yoga, physical exercise, massage, neuromuscular relaxation, hyp-