

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.

PEDRO RUIZ, M.D.
Houston, Tex.

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.

MICHAEL R. TRIMBLE, M.D., F.R.C.P., F.R.C.Psych.
London, U.K.

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-