

## NEUROLOGY AND NEUROPSYCHIATRY

***The Neurological Basis of Pain***, edited by Marco Pappagallo, M.D. New York, McGraw-Hill, 2005, 840 pp., \$159.00.

McGraw-Hill invited Dr. Pappagallo to edit this book as a companion to *Adams & Victor's Principles of Neurology* (1). Dr. Pappagallo set out "to create a text that would command the respect of neurologists." He also hoped "a variety" of other "professionals" would "benefit from it." He has achieved his goals and deserves congratulations.

The book is arranged in four parts dealing, respectively, with the scientific basis of pain, physician-patient issues, the syndromes and disorders, and, finally, the therapies. Naturally, when multiple authors deal with overlapping topics, there is some repetition, but it is only of important points and does not distract from this monumental work.

There are 46 chapters by 76 authors. Fifty-four are medically trained, and 20 of these appear to be attached to neurology and 13 to anesthesiology departments. About nine appear to be surgeons, and two seem to be psychiatrists.

The culture, practice, and structure of medicine is rapidly changing. Pain medicine is a prime example. As Dr. Portenoy points out in the foreword, pain was once considered as a symptom of disease but has recently been conceptualized as a disease itself. Thus, there are many applicants for this essentially vacant property. *The Neurological Basis of Pain* stakes a claim for the neurologists. In much of the United Kingdom, Europe, and Australia, the anesthesiologists are the main contenders, but pain management is achieving adulthood and is in the process separating. About seven authors of this book list their attachment to a pain management unit, with no hint of subservience to neurology, anesthesiology, or other parental discipline.

During the maturation period of the last 50 years, pain medicine has been giving two messages: 1) pain needs special, separate consideration, and 2) pain is complex and requires contributions from diverse fields, not only neurology, anesthesiology, and surgery but also pharmacology, psychology, and physical therapy, among others.

The multidisciplinary approach of the book gives a voice to all. The only irritating chapter (which deals with physical therapy) rails against "traditional-thinking clinicians entrenched in a narrow, structurally focused biomedical (impairment) model" and recommends a "patient-centered biopsychosocial model." This is a bit hard to take because it is many decades since Dr. George Engel (2) provided the concept and label of the biopsychosocial approach, in which medicine is now well marinated.

In chapter 15, Hord and colleagues state, "Chronic pain is the result of plastic changes in the peripheral and/or central nervous systems induced by injury or dysfunction in the nervous system." Although this is a generalization and there is little doubt that inflammation can result in chronic pain relatively independent of change within the nervous system, it is probably correct that most of the patients treated in chronic pain units have neuropathic pain.

*The Neurological Basis of Pain* provides the latest thinking and practice in the field and helps the reader grasp much of the vast biology of neuroplasticity, the basis of neuropathic pain. Focusing on symptoms and etiology has not provided a method of intervention, however; similar symptoms may arise from different etiologies, and the same etiology may be associated with a range of symptoms. Thus, research is progressing to describe the underlying mechanisms and the means by which they can be clinically identified and managed. Dr. Portenoy, in the foreword, states that the development of new drugs and other treatments "holds the promise of true mechanism-based therapy." Thus, the wheel may turn again and the biopsychosocial approach may become redundant.

There is a dearth of psychiatrists among the authors, but psychologists are well represented. This reflects real-world pain management, although psychiatrists have much to offer this field, and the work is rewarding. In a chapter on spinal pain, Wheeler and Murrey state that training should be made available to neurologists and psychiatrists so they can establish "competence in using electrodiagnostic skills for diagnosis and performing spinal interventional treatments with spinal injections." I hope this comes to pass.

*The Neurological Basis of Pain* is a magnificent contribution to pain management. It has the combination of readability and scholarship that will make it a classic. It should be in every medical library and on the shelf of everyone with a serious interest in pain medicine.

### References

1. Victor M, Ropper AH: *Adams & Victor's Principles of Neurology*, 7th ed. New York, McGraw-Hill, 2000
2. Engel GL: The need for a new medical model: a challenge for biomedicine. *Science* 1977; 196:129-136

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***Neurology for the Non-Neurologist, 5th ed.***, by William Weiner and Christopher Goetz. Philadelphia, Lippincott Williams & Wilkins, 2004, 528 pp., \$59.95 (paper).

This multiauthored book provides a practical overview of clinical neurology for physicians who work in other areas of medicine. It begins with a concise and well-focused discussion of the basic neurological examination, beginning with the cranial nerves and peripheral nervous system and moving systematically through basic diagnostic tests and the evaluation of coma. Each chapter is individually authored and covers a broad variety of neurological problems, including cerebrovascular disease, headache, epilepsy, multiple sclerosis, Parkinson's disease, alcoholism, peripheral neuropathy, the dementias, traumatic brain injury, neuromuscular disorders, and neurological manifestations of cancer. There is also an entire chapter devoted to neurological complications of pregnancy. These topics are all dealt with in a straightforward way that is suitable for the average psychiatrist. NeuroAIDS and other conditions with relevance to psychiatry, such as low back pain and insomnia, are also dealt with in a clear and practical way.

Most chapters provide a description of the correct ways to perform a neurological examination and enumerate the

forms of treatment that are available for different neurological disorders. In the chapter on "eye signs," detailed diagrams showing visual pathways are provided and visual field defects are depicted in simple diagrams. The final chapter includes a discussion of medical-legal issues involved in the care of patients with neurological disorders as well as a discussion of the problems associated with obtaining informed consent from patients who are not legally competent. This chapter also contains a fairly extensive discussion of brain death, including the use of electroencephalography and cerebral blood flow as part of the evaluation. For the psychiatrist who is seeking to learn more about behavioral neurology, there is a description of the Papez circuit and a fairly comprehensive discussion of temporal lobe epilepsy. Beyond this, however, there is very little information regarding psychiatric manifestations of neurological disorders. For those who treat the geriatric population, where behavioral manifestations of delirium and dementia are common, this book is probably not an appropriate resource. Overall, however, *Neurology for the Non-Neurologist* provides a well-illustrated and clearly written overview of basic clinical neurology.

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***Neuropsychiatric Assessment***, edited by Stuart C. Yudofsky, M.D., and H. Florence Kim, M.D. Washington, D.C., American Psychiatric Publishing, 2004, 208 pp., \$34.95 (paper).

I was hopelessly bad at mathematics at school and was happy to leave a world of half-understood quadratic equations and integral calculus well and truly behind me in my teens. Yet, a teacher's end-of-term report on my progress in the subject has stuck with me as a cutting, if accurate, description of more generalized ability: "Tries hard—but then he has to." This reassured my parents that I was at least doing my best and gave me a useful insight into my personal limitations. Many years older and not much wiser, I appreciate how much harder it is to write an honest—but essentially critical—report than one in which positive gloss, thickly applied, obscures the message.

In their introduction, the editors tell us that this volume in the Review of Psychiatry series provides an overview of the neuropsychiatric approach to assessment and presents discussions of techniques and testing methods that may be more familiar to neurologists than to psychiatrists. The book certainly does what it claims to on the cover: five chapters review the neuropsychiatric and neuropsychological examinations, electrophysiological and pathological laboratory testing, and neuroimaging.

The book is attractively produced, and when I had finished reading the introduction to the Review of Psychiatry series that occupied the first few pages, I felt excited by the prospect of what lay ahead. I am very sorry to say that I was disappointed by all five of the book's main chapters. None of them really offers much more than a beginner's guide to the subject, and some are woefully patchy in their coverage of chosen areas. The more I read, the more puzzled I became as to exactly who the target readership for this book might be. Medical students or perhaps the most junior of psychiatric or neurological trainees will find competent accounts of neuropsychological and neuropsychiatric assessments here, but

any good core textbook would already cover these areas and more besides. More senior colleagues will not find the definitive, up-to-date reviews that they would otherwise look for in bigger textbooks or journals. I could not think of a particular group of psychiatrists, psychologists, or neurologists to whom I would recommend this book. There will be future titles in this series, and my old teacher would perhaps have written, "We are hoping to see some of the promised talent in the next term."

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## SLEEP DISORDERS

***Sleep Medicine in Clinical Practice***, by Michael H. Silber, M.B.Ch.B., F.C.P.(SA), Lois E. Krahn, M.D., and Timothy I. Morgenthaler, M.D. New York, Taylor & Francis (Mayo Foundation for Medical Education and Research), 2004, 392 pp., \$99.95.

The study and treatment of sleep disorders is a young, rapidly expanding specialty, with board certification, accredited treatment centers, and research journals. Combining aspects of psychiatry, neurology, and pulmonary medicine, it deals with an important human function largely ignored until the discovery of rapid eye movement (REM) sleep (1). Half a century later, hundreds of sleep laboratories offer diagnostic studies, and scores of accredited sleep disorder centers provide both diagnosis and ongoing treatment for insomnia, obstructive sleep apnea, narcolepsy, and other sleep-related illnesses.

The authors' stated audience for this compact volume includes trainees, practicing sleep physicians, and academic training programs, and they hope to spur interest in those outside the field. They reflect their own practice at the Mayo Clinic; for example, they describe a night in their sleep laboratory that differs in some interesting details from the procedures of other accredited centers. Their overview is organized into four sections: Basics of Sleep Medicine, The Sleepy Patient, The Patient Who Cannot Sleep, and The Patient With Excessive Movement in Sleep. In this general approach lie both the strengths of this book and its weakness.

As a short textbook, *Sleep Medicine in Clinical Practice* is a useful addition to the available general literature, suitable both as an overall introduction and as a quick reference for busy practitioners. It covers the diagnostic categories within the current (soon to be revised) International Classification of Sleep Disorders, some very briefly. Clinical norms, often adjusted by age group, will help the general physician interpret sleep study reports. Illustrative clinical vignettes are well placed and helpful, fleshing out the diagnostic entities. Charts, tables, and line drawings illustrate key topics and provide examples of polysomnographic studies. Useful clinical algorithms show how to reach clinical diagnoses and treatment decisions.

The authors' effort to provide a wide overview of sleep medicine, however, ultimately limits the book's usefulness. Rare and unusual diagnoses are covered, but the same succinct approach is applied to common disorders. For example, the authors describe recurrent (periodic) hypersomnia and catathrenia (nocturnal expiratory groaning), illnesses the average