**Book Reviews**


The authors of this voluminous effort aimed at providing a “comprehensive yet readable textbook” on the often clinically encountered clinical neuropathies. The field of peripheral neuropathies is often a challenging one, the clinician having to rely on few symptoms to make a diagnosis that is often the outcome of a variety of etiologies. For this reason, the authors approach the subject in a systematic and structured way. The book is divided in two parts: Part 1 is devoted to the approach to the patient with peripheral neuropathy, while part 2 gives detailed discussions of all neuropathies, plexopathies, and entrapment syndromes. Chapter 1 deals with the challenges in evaluating the patient with peripheral neuropathies, providing the reader with the “rational diagnostic process,” a tool that can help arrive at a diagnostic formulation. Chapter 2, Clues to Diagnosis of Peripheral Neuropathy: History and Examination of the Patient, places particular emphasis on social, occupational, and medical conditions predisposing to neuropathies. Chapter 3, Electrodiagnostic Evaluation of the Peripheral Neuropathy Patient, provides a framework for definition of the anatomical lesion, the pathological process, differential diagnosis, and prognosis. Chapter 4, Evaluation of the Peripheral Neuropathy Using Quantitative Sensory Testing, summarizes the usefulness of quantitative sensory testing as objective measure supporting a neuropathy. Chapter 5, Evaluation of the Peripheral Neuropathy Patient Using Autonomic Reflex Tests, describes the testing procedures as well as the most likely findings. Chapter 6, The Role of the Autoantibody Testing, highlights specific uses and limitations of this often confusing laboratory aid. Chapter 7, The Role of Peripheral Nerve and Skin Biopsies, outlines often misunderstood procedures that, when properly carried out, can be of great diagnostic value. Chapter 8, Approach to Painful Peripheral Neuropathies, reviews the pathophysiology of pain due to peripheral neuropathies, emphasizing the importance of pain characteristics in the differential diagnosis of different neuropathies and offering suggestions for pain management. Part 2 starts with chapter 9, Guillain-Barre Syndrome, which reviews clinical and laboratory features of this complex disorder. Chapter 10, Chronic Inflammatory Demyelinating Polyradiculopatathy, describes signs, symptoms, and treatment approaches of this often encountered syndrome. Chapter 11, Multifocal Motor Neuropathy, reviews clinical and laboratory aspects of this rare demyelinating disease and summarized etiopathologic hypotheses. Chapter 12, Vasculitic Neuropathy, stresses recognition and early intervention in this potentially life-threatening disorder. Chapter 13 examines peripheral neuropathies associated with connective tissues diseases. Chapters 14 through chapter 21 deal with neuropathies associated with a variety of clinical conditions such as diabetes, porphyria, sarcoidosis, and HIV. Chapters 22 through 26 summarize findings and treatment approaches to hereditary and familial neuropathies. Chapter 27 examines the neuropathies associated with vitamin deficiencies. Chapter 28 deals with leprosy neuropathy. Chapter 29 discusses neuropathies associated with organ system failure, organ transplantation, metabolic disorders, and cancer. Chapter 30 reviews entrapment neuropathies. The last chapter 31 deals with pathophysiology, pathophysiology, and treatment approaches of cervical, brachial, and lumbar plexopathies.

This is a clearly written, well organized, and highly readable book that approaches this difficult branch of Neurology in an in-dept, scholarly manner. The book’s emphasis on clinical aspects does not leave out a detail discussion on laboratory and etiopathogenetic aspects. Newer approaches are seamlessly blended in with more classical ones. One of the book’s main strengths is its illustrations, especially the numerous colored pathology slides, which reflect the fact that the three authors are also Professors of Pathology. Even rare clinical entities are approached in a scholarly yet comprehensible fashion. Both academicians and clinicians can greatly benefit from reading this comprehensive work, whose size and scope make it an excellent reference book. For its schematic, well balanced, and well referenced structure, I also see this a great tool for teaching medical students and residents. Because of its many qualities I wouldn’t be surprised if this book would become a classic in Neurology.

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Functional Somatic Syndromes. Etiology, Diagnosis and Treatment. Edited by Peter Manu. Cambridge University Press, Cambridge, UK, 1998; 304 pp., $44.95 (paper).

Addressed to primary care practitioners, this book actually has much for psychiatrists to like. Not the least of its charms is the uniformity the editor, an Albert Einstein associate professor of medicine and psychiatry (though goodness knows, he may have been promoted in the time it took me to get this review out), has imposed on material presented by 16 authors of varying medical disciplines at 13 institutions in three countries.

Although the section headings vary somewhat, for each of nine syndromes we learn about its history, definition, and symptoms, at least one case presentation, demographics, an appraisal of its economic cost, evidence pro and con for the legitimacy of the syndrome (briefest pro: 4 lines of type for interstitial cystitis), a pathogenetic hypothesis, treatment, a synthesis, and references. The format is efficient and extremely useful, if you are interested in one of the nine syndromes it covers: chronic fatigue, fibromyalgia, irritable bowel, interstitial cystitis, temporomandibular disorders, chest pain syndromes, repetitive strain injury, multiple chemical sensitivities, and premenstrual syndromes. Inclusion of the last seems surprising, given that many clinicians would not consider premenstrual disorders to be functional at all. In fact, research criteria for premenstrual dysphoric disorder even made it into Appendix B of DSM-IV.

The last four chapters may work well for a primary care doc, but a psychiatrist will find them somewhat less successful. Two of these are competent, though fairly standard brief discussions of psychopharmacology and psychotherapy; nothing new or controversial here. A discussion of disability determination, written by the editor, is summarized in three questions: Does the claimant have the functional syndrome in question? Have comorbid mental disorders been adequately addressed? Is there objective evidence of cognitive and physical impairment? These issues will likely require a team effort to elucidate.

In the final chapter Dr. Manu sets out to explore themes common to some of the functional syndromes. To my reading, however, the commonality of themes isn’t really presented so much as suggested. The additional information might better have been integrated into the main chapters. In the last three pages he presents some data about Gulf War illness that has sort of an add-on feel. I wound up wishing that it had been included as a major chapter—it certainly would have had more relevance than interstitial cystitis.

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For disability I once evaluated Arthur, a chronically mentally ill patient who had spent years in a state institution for his response to the voices in his head that told him to kill his brother. When apprehended, he had been carrying the disarticulated legs and trunk (for ease of transport, as I recall), giving new meaning to the term “half-brother.” Now released into society, Arthur’s medicine had been reduced by his psychiatrist “to see whether he would still hear voices.” He would, and their message was not reassuring.

“Clinical Assessment of Dangerousness,” edited by two Montreal clinicians, addresses in four sections (14 chapters) many of the same predictors of violence that were known even when I evaluated Arthur, and should have been known to his treating psychiatrist. That violence peaks at about 17 had been noted as early as 1833. The social model of environmental corruption of children dates to Rousseau. Other factors include low SES, youth, male gender, and early childhood deprivation.

In a section on biology and development, Susman and Finkelstein conclude that testosterone is related to antisocial behavior, though we have not yet figured out how or when it happens. David Farrington points out that the old saw about the best predictor of future violence being past violence is too simplistic; past convictions for nonviolent crime are a better predictor. “Offenders,” he notes, “are versatile rather than specialized.”

Family issues and dangerousness comprises three chapters dealing with intimate partner homicide, infanticide (a major contributor to childhood mortality), and parricide, which like any rare event is hard to predict. A lower risk of femicide in states that provide shelters for battered women is an important finding that should help drive the social agenda. I was especially interested in the danger assessment (DA) tool that helps evaluate risk and helps women recognize the degree of danger they face. Although I wish the authors had reprinted...