Practical Clinical Neurology by JK Wolf (pp 384; $13.75). New York: Medical Examination Publishing Co Inc 1980.

This is a brilliant account of fundamentals for "the clinician who is not a neurologist." Its outlook is modern, the illustrations really illuminate the text, the style is vigorous and arresting, and the author's didactic approach is simple without being facile. He allows his readers a minimum glossary of neurological terms, begins by relating presenting symptoms to an anatomical site and plots his "diagnostic journey" as much by the temporal profile—he calls it the "cadence"—as by the spatial extent of a disorder. His basic examination of the nervous system is well described, and illustrated, in the final chapter. An abnormal response by the patient to any of his standard tests will interrupt the normal rhythm of the examination and initiate more detailed tests which have been described in earlier chapters. Emphasis is on speed with accuracy and on pruning away all but essentials. He has a practical five-minute rule in history-taking: if his patient goes beyond this time he suspects him or her of dementia, aphasia, hysteria, psychosis or malingering.

Abnormal neurological signs result either from breakdown of a basic function—homonymous field cut, for instance, due to defect of optic radiation—or from disintegration of movement patterns due to failure of one or more of the modifying systems, such as the "dysgraphia" (he does not use the word) of proprioceptive loss or extrapyramidal rigidity. This might be, conceptually, a difficult approach for the tyro in neurology but his five incisive chapters on voluntary movement, the visual system, conjugate gaze mechanisms, the motor unit (anterior horn cell to muscle fibre) and the striatum are models of limited but essential information refreshingly imparted. Short paragraphs, easy to remember and to find, describe useful but not superfluous treatment. A future edition might add tetrabenazine for the relief of hemiballismus.

There are standard chapters on coma, based on the writings of Fred Plum and on the Glasgow Coma Scale, and on epilepsy in which he follows the internationally agreed classification. A definition of epilepsy would not have been out of place as a corrective for his vapid distinction between seizure and syncope. His anticonvulsant therapy is not wholly acceptable. For major epilepsy his first choice is phenobarbitone, long relegated in British clinics, whereas phenytoin, his second choice, and carbamazepine are widely and successfully prescribed. There is less enthusiasm, too, for sodium valproate though it is useful in photomyoclonic disorder and chlormethiazole which he does not mention has certainly earned its spurs in status epilepticus. Finally, he provides a succinct summary of the controversial literature on stroke, sound advice on pitfalls in the diagnosis of multiple sclerosis and practical help on management and a readable if somewhat biased review of slow viruses in neurology. The early position of the chapter on investigations is acceptable, but the length of the chapter on migraine is not.

In short, a book for students, a reference for physicians and surgeons, and a pleasant window on their craft for neurologists.

CHARLES WELLS

Phenomenology and Treatment of Anxiety Edited by WE Fann, Ismet Karacan, AD Pokorny, RL Williams (pp 406; £21) New York: SP Medical and Scientific Books, 1979

Anxiety is an ubiquitous human experience and a common symptom. About a third of the adult population admit to symptoms of anxiety, insomnia, and irritability and one in six of the adult population is given treatment, usually drugs, each year. Not surprisingly, a steady interest in the topic has been maintained. This volume contains the proceedings of a symposium on the Phenomenology and Treatment of Anxiety, held in Houston, Texas on 1 and 2 December 1977. It was sponsored by the Baylor College of Medicine in Houston and represents money well-spent quite simply, this is the best current text on anxiety.

It is, of course, multi-authored with a highly varied collection of chapters. The usual topics are all there: assessment of anxiety (Zung), animal models (McKinney and Moran), a psychoanalytical view (Gilliland), psychopharmacologial treatment (Rickels), behaviour analysis (Wolpe), and so on. In addition, there are unusual topics which one would be hard put to find elsewhere without a primary literature search. Examples include anxiety in the aged (Eisdorfer), traumatic neuroses (Ewalt), how much anxiety is "normal" (Mefferd), suicide and anxiety (Pokorny), anxiety in the general hospital (Decker), and many others.

I particularly enjoyed the chapter by Redmond on the involvement of the locus coeruleus projection systems in anxiety. With its 337 references, it provides a coruscating account of the topic. As I subscribe to the view that brain noradrenaline systems are intimately involved in the mediation of emotional arousal in general and of anxiety in particular, my personal prejudices were most gratifyingly reinforced.

Other chapters of especial interest were those by Fink who shows the usefulness of EEG studies of anxiolytic drugs, although the interpretation of such findings still lacks a firm, coherent, theoretical basis. Roessler and Lester review vocal patterns in anxiety opening up the possibility of some simple quantitation of anxiety in the clinic.

The book is well produced, clearly printed and indexed. It will be a valued possession on my shelf for several years to come, frequently referred to, occasionally plagiarised and lent to others with extreme reluctance!

MALCOLM LADER

Biofeedback, Principles, and Practice for Clinicians Edited by John V Basmajian. (Pp 282, illustrated; $31.95) Baltimore: Williams and Wilkins, 1979.

Biofeedback is the name which has been applied to the process whereby a subject can learn to modify physiological events in the body when these are displayed on a recording device, either as visual or auditory signals. Although this possibility has been recognised for a long time the develop-