Book reviews

Applied Techniques in Behavioral Medicine. Edited by Charles J Golden, Sandra S Alcapanas, Fred D Strider, Benjamin Graber. (Pp 454; $29.50.) New York: Grune and Stratton, 1981.

This book devoted to behavioural medicine presents a potpourri of theory and practice of this rapidly expanding subject. Although the boundaries of this discipline are not defined it essentially examines the interface between medicine and psychology, in particular attempting to understand the relationship between stress and medical disorders, the complex issues of psychosomatic disorders, and the mainly non-pharmacological treatments used in practice based on principles which have evolved from learning theories. Readers of this journal will perhaps not derive benefit from many of the chapters, although those on assessment and treatment of brain-damaged individuals, back pain, and the temporo-mandibular joint syndrome (renamed the myofascial pain dysfunction syndrome) will provide information of interest. Some 20% of the volume is related to childhood disorders, and this may encourage the purchase of the book by those interested in management of psychosomatic disorders in children, but who are reluctant to embark on conventional medical treatments.

Other subjects covered include coronary heart disease and type A behaviour, the theory and practice of sex therapy, psychological aspects of diabetes, weight disorders and rehabilitation of patients with chronic pulmonary disease. A chapter on psychotherapy provides yet another personal view of the subject and is devoid of references or studies and scattered with the usual case histories to demonstrate principles. The psychotherapies described, with the exception of hypnosis and behavioural therapy, are not of the sort that are likely to be helpful for non-psychiatric conditions.

The final chapter is headed "death and hospice", and while providing an interesting discussion of this important field, also emphasises some of the most difficult aspects of behavioural medicine that traditional physicians find difficult to comprehend. For example, the process of dying is referred to as "the dying trajectory", implying some well-ordered routine to demise, and allowing reflection on the problems cause by the unthinking patient who "dies too soon".

MICHAEL TRIMBLE

Neuromuscular Diseases. A Practical Approach to Diagnosis and Management. By M Swash and MS Schwartz. (Pp 316; DM 110, $46.90.) Heidelberg: Springer-Verlag, 1981.

There is a place for a comprehensive but not encyclopaedic book on neuromuscular disease. The concept of this one is excellent and on some aspects it is very good indeed. Disease classification is conventional. There are separate sections on neurogenic disorders, peripheral and central, and on myopathies and disorders of the neuromuscular junction. These provide adequate clinical descriptions but illustrations are surprisingly poor for this field of medicine where so much of diagnosis is made by the observant eye noticing characteristic distribution of muscular atrophy and associated skeletal, joint and skin disorders. Pathology is very fully presented and well illustrated. (Whatever happened to the teased nerve fibre?) Electromyographic investigation is given more prominence than in other recent books on the subject. This should be an ideal formula. Unfortunately the electrodiagnostic sections are very disappointing. Apart from single fibre electromyography (SFEMG), the methods described are the conventional ones of thirty years ago, without the additional precision of the Copenhagen measurements. Nowhere is the EMG beginner warned of the possible sampling errors although the pathological diagnosis is so linked to fibre differences and their grouping. The authors recognise the importance and limitations of polyphasic motor unit potentials, yet for routine EMG and biopsy they advocate the deltoid muscle although the normal deltoid may have up to 25% of its motor unit potentials of that type. Quantitative techniques are hardly mentioned despite a statement that assessment of the rate of progression of a neurogenic disorder can be made from the EMG and pathological findings. Like the reviewer, they consider that few neuropathies are exclusively axonal or demyelinating (their only classification: interstitial neuropathy is not a recognised category presumably as the axon must be involved sooner or later) but they dismiss in a few words the only methods for giving reproducible results. The Ballantyne and Hansen technique is said to have been criticised on a number of technical grounds. Where are these criticisms published? Certainly not by anyone with practical experience of the method. On the other hand, they stress the value of SFEMG though the most superficial reading indicates the lack of specificity of jitter. Fibre density estimated by SFEMG (up to 6 fibres in the pick-up range of the electrode!) is the basis for statements about collateral sprouting without any comment on the number of units sampled or the significance of the sample. Template methods can do better than that. With this electrophysiological interest there is a surprising lack of discussion of histological assessment of innervation ratios. Ultraterminal sprouting is not discussed.

Nerve conduction data are old fashioned and only H and F wave studies used for assessing radiculopathies. McLean's approach to the brachial plexus and spinal or cerebral evoked potential methods are not described. There is a short section on parathyroid disorders with useless EMG techniques but not even a mention of the accuracy of nerve accommodation measurement. The EMG machine used has some nice tricks for displaying the whole of a motor unit potential but it gives dreadfully pictures. Why bother to reduce some artefacts to produce recordings that contain artefact from beginning to end? But this is *not* a book to learn about electrodiagnosis (let the beginner try to reconcile the legend of fig 3.2 with what is actually illustrated; time constants and voltage calibrations are absent), most readers will want to know if it will help their assessment of a rare case. Unfortunately it may not. It is difficult to get from problem at the bedside to probable diagnosis, always a difficulty with a systematic book. The EMG work up proves to be largely non-specific. Then what about information on pathogenesis and aetiology? There is no reference to Ebashi's important work on muscular dystrophy or critical discussion of the role of calcium. Coxsackie virus infection, toxoplasmosis and immune complex disease have no mention in polymyositis. Indeed immunology appears to have no investigative role outside of myasthenia gravis (which is well presented).

This book needs drastic revision but it is worth doing because it has the makings of a splendid handbook.

JA SIMPSON

Left Brain, Right Brain. By Sally P Springer and Georg Deutsch. (Pp 243;