

HDL system, including the expression of apoprotein genes, function of proteolytic enzymes, and receptor-mediated processes. These sections are sufficiently referenced and reasonably current. Several chapters deal with approaches in molecular biology that are assuming great importance in this exciting field.

The epidemiologic evidence relating HDL cholesterol levels to coronary heart disease is not presented in detail, but a chapter describing the metabolic aspects of HDL in hypertriglyceridemic patients should be of interest to practicing physicians because low HDL cholesterol levels are frequently encountered in these patients.

The closing section ("Diet/Drug Effects on HDL") contains too much material that is covered in previous chapters and only describes the effects of lipid-lowering drugs on HDL cholesterol levels. A discussion of the influence of other drugs, such as antihypertensive agents, might have been helpful here.

*High-Density Lipoproteins* will probably be most useful to clinicians and researchers who do not have an extensive background in the field of lipoprotein metabolism.

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## BEHAVIORAL COUNSELING IN MEDICINE: STRATEGIES FOR MODIFYING AT-RISK BEHAVIOR

By Michael L. Russell  
Oxford University Press

This well-organized, clearly written text is directed to physicians, psychologists, and other health care workers managing chronic illness that involves having the patient decrease unhealthy behaviors and increase healthy behaviors. A system of counseling is presented that is specific, systematic, practical, and learnable. Many tables summarize particular sets of skills needed, such as interviewing by asking open-ended questions, listening, and expressing empathy. There is an important focus on maintaining behavioral change once it is brought about. Other sections discuss specific problems of weight control, physical activity, smoking cessation, and management of stress.

The problem-solving format followed in the book is a process from concern to diagnosis to formulation of alternate solutions to implementation to evaluation and recycling. The behavioral approach ties the counseling to specific actions and describes which actions by the clinician are most likely to result in beneficial changes

carried out by the patient.

In its emphasis on the need for behavioral management in chronic illness, *Behavioral Counseling in Medicine* is commendable. In its belief that busy physicians can develop the skills needed to do behavioral counseling, it is questionable. The author recognizes that medical diagnoses are typically exclusive and psychological diagnoses are inclusive. He recognizes that the physician typically is an authority, and the patient is in a relatively passive role, while in behavioral counseling, the need is for a cooperative and mutually active coach-student relationship. It may be too much to expect a physician to switch roles and diagnostic styles, just as it would be too much to expect a psychologist to make the change in reverse. Additionally, it is unlikely that a physician would have the time or inclination to go through training to do behavioral counseling. A psychologist should be able to conduct training programs for psychology assistants so that they can do much of the counseling. This book would be excellent for such training.

*Behavioral Counseling in Medicine* recognizes that even with the best counseling many patients will not respond and gives specific guidelines for psychological referrals in such instances. Many people need to *think* differently if they are to act differently.

The text makes a case for more collaboration between physicians and psychologists and for more behaviorally oriented psychologists to be involved in health care. If physicians are motivated to involve behavioral psychologists more frequently in health care after reading this book, then the author's purpose will be indirectly served and patients with chronic illness would be well served.

I recommend this book to psychologists and their assistants in health care as an excellent practical guide to teaching and implementation of behavioral counseling in medicine.

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## MANUAL OF NERVE CONDUCTION VELOCITY AND SOMATOSENSORY EVOKED POTENTIALS

By Joel A. De Lisa, Keith Mackenzie, and Ernest M. Baran  
Raven Press

Although nerve conduction studies (NCS) have been an extremely important component of the electromyographic examination for three decades, no single reference describing the various studies and the technical aspects of performing them was available until

Catherine Hammer's book appeared in early 1982. Since that time, this information has been incorporated, in an abbreviated form, in several textbooks dealing with electromyography and in some manuals devoted solely to NCS, such as the first edition of *Manual of Nerve Conduction Velocity and Somatosensory Evoked Potentials*. This second edition not only includes descriptions of several new methods but incorporates descriptions of the available somatosensory evoked potential (SEP) techniques as well.

A standard format is followed throughout: based on original reports, each technique is described in detail, including the placement of the stimulating and recording electrodes, the various electromyographic machine settings, normal values (usually limited to latencies and conduction velocities) and, whenever the authors thought appropriate, some comments about the procedure (most often a cautionary note regarding a potential pitfall in performance or interpretation). Simple but informative drawings illustrating the placement of the stimulating and recording electrodes follow the narrative description of each technique. Finally, a glossary of terms used in clinical electromyography, compiled by the nomenclature committee of the American Association of Electromyography and Electrodiagnosis, is included. While only some of the definitions it contains apply to NCS, it is a practical and helpful addition.

A frustrating and impractical aspect of the format concerns the placement of the illustrations in relation to the descriptions of the techniques. The reader is usually confronted with an illustration on the left page that pertains to a technique described on the preceding page, while on the right page another technique is described that is illustrated later. I found this distracting and annoying; I hope it will be remedied in later editions.

A more fundamental problem throughout the book is that nerve conduction velocity studies are stressed (a bias shown in the title) while the amplitudes are practically neglected. Although this reflects the attitude of the investigators who initially described the techniques, I believe this manual would have been more helpful in the clinical electromyography laboratory if the authors had noted that focal nerve lesions causing either axon loss or demyelinating conduction block seldom affect latencies or velocities and, instead, affect amplitudes almost solely. Hence, when clinical weakness is present, motor velocity studies typically are of almost no value, while amplitude studies are extremely helpful. The authors do acknowledge this fact in their description of

the facial motor study technique (which they call "facial nerve distal motor latency," although latencies are of no appreciable help in the assessment of facial neuron lesions), but they do not note that this same limitation applies to all other NCS as well.

Other criticisms are minor. It would have been helpful if the limitations of the techniques had been mentioned. For example, many of the motor NCS, as described by the authors, have limited utility because needle, rather than surface, recording electrodes are used. Intramuscular needle recording electrodes have a restricted pickup range and, consequently, the amplitudes obtained with them do not provide a semiquantitative measure of the total number of motor axons that have undergone either degeneration or conduction block.

Also, the normal values provided often are not reported for different decades of patient age, reflecting limitations of original reports. Nonetheless, it is well known that the amplitudes of the responses, particularly the sensory amplitudes, decrease in adults with increasing age, while the latencies increase. Therefore, using a single number as a dividing line between normal and abnormal renders these techniques less sensitive than necessary.

In addition, correction factors are provided for NCS when limbs are below a certain reference temperature, although many electromyographers prefer to warm the limb in this situation and repeat the study rather than use a correction factor, to eliminate the possibility of overcorrection or undercorrection of data due to patient variability. Finally, regarding root derivation, many electromyographers consider the lateral antebrachial cutaneous nerve, at least along its forearm portion (which is the portion studied during NCS), to be derived from C-6 root fibers, rather than C-5.

In spite of its deficiencies, this book adequately fills a very real need; without a doubt, a manual such as this should be readily available for reference in every electromyography laboratory. Certainly the price (\$23) of this book should not deter anyone from purchasing it. *Manual of Nerve Conduction Velocity and Somatosensory Evoked Potentials* is probably one of the most useful books an electromyographer can purchase for less than \$25.

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