

**PRACTICAL MANAGEMENT OF THE DIZZY PATIENT**

*Edited by Joel A. Goebel. 406 pp., illustrated. Philadelphia, Lippincott Williams & Wilkins, 2001. \$75. ISBN 0-7817-1820-1.*

THE assessment and care of dizzy patients can be among the most challenging and frustrating tasks faced by busy clinicians. This difficulty is reflected in the fact that patients with vestibular disorders are often treated empirically in the absence of a satisfactory diagnosis. There are few good, comprehensive textbooks on the practical management of vestibular disorders. This book is intended as both a reference tool and a concise, problem-oriented guide for physicians who are interested in learning more about this important symptom. It covers all major aspects of the diagnosis, investigation, and management of dizziness.

A large panel of experts from various disciplines contributed to the book. There are chapters on clinical assessment, investigation, and treatment and a number of "symptom-based" chapters on the various presentations of vestibular and balance disorders. Although these chapters cover a wide array of topics, there is considerable repetition and overlap. This does, however, offer an advantage if only one or two chapters are read at any one time. As with any book written by multiple authors from different disciplines, there are often glaring differences among chapters in content and emphasis. For example, migraine is not mentioned in the chapter on fluctuating vestibular disease, but it is discussed as a recurrent vestibular disorder in a chapter on disorders of central and peripheral vestibular function.

A concise but clear commentary on practical anatomy and physiology opens the book. There is appropriate emphasis on the history as an important diagnostic aid, although I found the discussions of history taking a little short on detail. However, various details relating to the history are expanded in other chapters. Techniques of examination, including the assessment of nystagmus and other vestibular abnormalities, are well covered. There is a good discussion of the differences between positional and positioning nystagmus, although the terminology used to describe torsional nystagmus is confusing. Frequently, the authors use terms other than clockwise and counterclockwise, and directions are described in imprecise terms or terms based on the examiner's coordinates rather than the generally accepted standard of patient-centered coordinates.

The diagnosis and management of benign paroxysmal positional vertigo are given the extensive coverage that they deserve, although this is one topic that suffers from repetition, being discussed in no fewer than five chapters. The use of the Dix-Hallpike test with Frenzel lenses to correct visual fixation is mentioned. It should also be emphasized that most cases can be diagnosed with the naked eye at the bedside, without the need for specialized equipment. The authors mention the difficulty of performing canalith repositioning or the Epley maneuver for the treatment of benign paroxysmal positional vertigo in patients with neck and back disorders. It is a pity that there is no description of the Semont liberatory maneuver, given that this technique has equal efficacy and is often better tolerated in patients with spinal disorders.

There are excellent chapters on audiology, vestibular-function tests (including posturography), central neurologic disorders, and the disequilibrium of aging, in addition to well-

balanced discussions of the important aspects of medical, surgical, and rehabilitation therapy. The section on neuroimaging offers some practical guidelines on appropriate imaging techniques for various diseases. The reference lists are concise and useful without being encyclopedic. The appendix contains some extremely valuable practical aids, including a questionnaire on dizziness and a brief summary of the bedside examination.

I found this book to be generally very informative, and I recommend it to primary care physicians, neurologists, and otolaryngologists who are interested in learning more about the diagnosis and management of vestibular disorders. It would also be of great value to trainees in neurology and otolaryngology.

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**PATHOLOGY**

**Cell, Tissue and Disease: The Basis of Pathology.** Third edition. By Neville Woolf. 586 pp., illustrated. Philadelphia, W.B. Saunders, 2000. \$34.95. ISBN 0-7020-2478-3.

**PUBLIC HEALTH AND ENVIRONMENTAL AND OCCUPATIONAL MEDICINE**

**Quality of Life: Assessment, Analysis, and Interpretation.** By Peter M. Fayers and David Machin. 404 pp., illustrated. New York, John Wiley, 2000. \$120. ISBN 0-471-96861-7.

**SPECIAL SERVICES**

**Physique, Fitness, and Performance.** (CRC Series in Exercise Physiology.) By Thomas Battinelli. 258 pp., illustrated. Boca Raton, Fla., CRC Press, 2000. \$99.95. ISBN 0-8493-0231-5.

**CORRECTION**

In Whose Best Interest? Breaching the Academic-Industrial Wall (November 30, 2000;343:1646-9). On page 1648, the sentences that begin on lines 10 and 13 of the left-hand column should have read, "Although Harvard University in the past did not accept equity as part of licensing agreements, both the university and institutions affiliated with Harvard Medical School now accept equity as part of such agreements. (As we describe elsewhere in the article, the medical school also has policies about the ownership of equity and stock options by individual faculty members.)"

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