

state; but the ability to make the appropriate allowances and adaptations is what distinguishes the expert from the beginner.

In summary, the manual provides an excellent basic method of neuropsychological investigation. The brief description of each function tested is particularly effective. Its relevance as a routine aid to cerebral localization is uncertain.

IVAN T. DRAPER

GLOSSARY OF MENTAL DISORDERS AND GUIDE TO THEIR CLASSIFICATION By World Health Organization. (Pp. 86; 12 Sw.F.) WHO: Geneva. 1974.

Under the chairmanship of the late Sir Aubrey Lewis a distinguished international panel of psychiatrists has taken a significant step towards obtaining uniformity in the use of the principal diagnostic terms in psychiatry by the addition of a *Glossary* to the *I.C.D.* As a means of providing an internationally acceptable framework for communication about mental disorders the *Glossary* will be valuable to those in many areas of psychiatric and related work, including epidemiologists, research workers, and psychiatrists in training. It is chiefly concerned with the description of the conditions listed in the *I.C.D.*, and avoids the pitfalls of attempting to classify by reference to possible aetiology, with the exception of disorders arising from brain disease or injury. It is inevitable that all viewpoints cannot be encompassed but this, and other objections, are acknowledged and by the adroit use of 'inclusion terms' variations in nomenclature are quite readily accommodated.

The use of the *I.C.D.* in clinical practice is strongly recommended. Initially it may seem complex, but merits careful reading, for almost certainly every psychiatrist will find that he or she needs to make some adjustment in their own system of classification. It hardly needs to be emphasized that the *Glossary* should be on the office desk of every psychiatrist.

MICHAEL R. BOND

LEGACIES IN THE STUDY OF BEHAVIOR By J. W. Cullen. (Pp. 275; illustrated; \$17.50.) Thomas: Springfield, Ill. 1974.

One could not describe this book as stimulating and yet it is curiously interesting, partly perhaps because it is so very unexpected. In 1971 Dr Joseph Cullen wrote to 26 scientists asking them to contribute; only 11 completed the task. Of these, 10 give their date of birth or other identifying year and it appears that the average age is about 77.5 years.

Describing his contributors Dr Cullen says (p. vii, line 15) 'Their years of experience and intel-

lectual post-maturity eminently qualify them as augers of the future and exegeates of the past'. I liked the motto proposed by Roger J. Williams—'Read less; think more' and the comment by E. F. Adolph '... there are multiple ways to pursue scientific research; ... most of them are based on hunches and emotional preferences' (p. 9, line 1).

Most scientists, in fact, seem to have a set of notions or expectations when they set out on their careers and their 'sets' determine to a large extent what they look for and find. Much scientific work is aimed (perhaps not consciously) at confirming what has already been surmised by hunch or intuition. Certainly Eysenk's and Rhine's chapters read as if they had the ideas first and spent many years subsequently confirming their concepts. I liked some comments from Dr I. H. Page (p. 169, line 7) 'One of the most serious dangers to creative research is to work in a laboratory loaded with expensive, complicated equipment'.

But it was the pages on ESP and Psi that really intrigued me. Originally destined for the church, Rhine joined the marine corps, took a degree in plant physiology, then pursued a career in psychical research. Clearly Rhine must have needed to prove that man had a non-physical nature and since 1922 he has, like the shoe-maker, stuck to his last.

It is difficult to know whether this book is a study in geriatrics or creativity. Somewhere along the line the purpose got misled.

A. D. FORREST

ALCOHOL, DRUGS AND BRAIN DAMAGE Edited by J. G. Rankin (Pp. 101; illustrated; \$8.00; paperback \$5.50.) Addiction Research Foundation: Toronto. 1975.

This book is derived from a symposium organized by the Addiction Research Foundation of Ontario. It states that alcoholic brain damage is about as common as alcoholic liver damage, and that both may occur at first as acute reversible conditions and may later become severe and irreversible disasters. Brain damage has, however, received less attention than liver damage partly because the means for measuring it are more difficult. Thiamine deficiency may be the cause of the Wernicke-Korsakoff syndrome and the cerebellar disease, but the aetiology of generalized brain damage presenting as dementia without the features of Korsakoff's psychosis is unknown. As alcohol addiction in the young is increasing, and dementia occurs after many years of continuous alcohol abuse, this book provides useful new information on a topic that is likely to be of increasing importance to neurologists and others.

J. M. K. SPALDING