of which a central feature is the presence of semantic errors (for example, the patient reads “crocus” for “tulip”). By intensive examination of individual cases the authors, guided by the information processing framework of cognitive psychology, posit theoretical explanations of acquired dyslexia, with a view to increasing our understanding both of disordered reading, and those processes involved in normal reading.

The multiple contributors to the volume draw on different sources for comparison: early reading in children, speed reading, reading in split-brain patients. Differences in patients studied, together with the varied stance of each contributor lead to some differences in theoretical interpretation: for example, whether the “two-route” model of reading adequately accounts for “deep” and “surface” dyslexia; whether “deep dyslexia” reflects right hemisphere reading or not. Such differences are an asset to the book stimulating the reader to critical thinking. An asset too is the presentation of large amounts of raw data, challenging the reader to draw his own conclusions.

Despite the multiple authorship, the writing is of a uniformly high quality. The chapters dealing with non-English speaking dyslexics are fascinating, particularly the Japanese study, demonstrating dissociations in reading of kana (phonetic symbols representing lexical morphemes).

The book is not intended for the general reader who is likely to find the wealth of information about patients’ errors, and subtle differences between cases studied hard to assimilate, and the theoretical issues esoteric. However, although published in 1980, it remains an excellent source book for psychologists, linguists, speech therapists and neuroscientists interested in language and its breakdown following brain damage.

The editors hope that the book will encourage and provide a model for future theoretically orientated investigations of other neuropsychological syndromes. They are not being over-presumptuous in aspiring to this aim. The hardback version, now at paperback price, is a bargain.

D NEARY


The specialist dictionary is a curious animal, all the more so when the speciality is one which draws upon such diverse sources as does psychiatry. In this small volume, then, we may find terms rooted variously in the neurosciences, general medicine, psychology, philosophy, sociology, psychoanalysis and, indeed, the vernacular. This is the mixture which gives psychiatry its unique richness, but poses problems for the lexicographer. To produce a useful dictionary out of this miscellany he must set his boundaries clearly and then exhaustively plough the terrain within.

Concise and lucid definitions of terms are provided by a dozen or more contributors from both sides of the Atlantic, all with impeccable credentials. Also included are brief biographies of key figures in the history of psychiatry. The typeface and layout are attractive. Where the book fails is in its most difficult task: the coherent selection of entries within the obvious constraints of size. The result here is an anthology which feels unbalanced and sometimes anachronistic. Many of the older psychosomatic and psychoanalytic terms could usefully have been dropped to allow inclusion of those more important in contemporary clinical practice and research. Primal scene and psychogenic hiccup are all very well, but not at the expense of crucial terms like first rank symptoms and dysphoria. And where are illness behaviour, liaison psychiatry, expressed emotion? Choice of inclusions runs to the frankly idiosyncratic. Why Cotard’s but not Capgras’ syndrome? Why noradrenaline but not acetylcholine? Why chlor Diazepoxide but not chlorpromazine? Why flight of ideas but not pressure of speech?

These shortcomings will annoy dictionary addicts and can only limit the usefulness of the book. It is modestly priced, but surely most readers would be better served by a short textbook with a good index.

SW LEWIS


Introductions to books are important, and are usually turned to by reviewers to stimulate comment. It is unfortunate that the introduction to this book irritated the reviewer such that it nearly coloured his reading of the rest of it. However, this would have been unfortunate because after the introduction it turns out to be an excellent monograph on behavioural neurology. It is, as stated, a practical approach, and an attempt has been made not only to present a number of clinical syndromes succinctly but also in a way which provides practical advice for the assessment of patients mainly at a bedside setting.

The contents, familiar now to behavioural neurology, include aphasia, alexia, agaphria, apraxias, agnosias and amnesias. Chapters cover selected topics such as right hemisphere dysfunction and frontal lobe abnormalities, and then three syndromes are covered in separate chapters, namely dementia, delirium and epilepsy.

The book needs to be compared with Behavioural Neurology by Pincus and Tucker, now in its 3rd edition, and the more recent Principles of Behavioural Neurology by Marcel Mesulam. The scope of the conditions discussed in this book is more limited than those other two, although this monograph is more comprehensive in what it tackles than the former, and less so than the latter. It would be easy to point out important topics for behavioural neurology that are missing from this book, but it is a monograph, and as such presumably reflects the limited space available and the personal interests of the author.

It would certainly be recommended to those who wish to increase their confidence with regards to the clinical dissection and understanding of the conditions outlined, and will be good for students wishing to familiarise themselves with the subject.

And so, back to the introduction. The statement “Biological psychiatry is the study of physical and organic abnormalities... in which no primary brain abnormality is proved. Behavioural neurology, on the other hand, deals with behavioural effects of known brain disease...” is irritating. It implies that as soon as any somatic alteration is identified in association with a behavioural syndrome, it ceases to be psychiatry. This line of thinking has led the author to a second error. Of the names quoted, Wernicke, Liepmann and Alzheimer were not neurologists, the latter being a neuropathologist, and the former two being psychiatrists in the traditional sense, neuropsychiatrists. Indeed, the author frowns on theories which suggest “personality and behaviour emanate from the brain as a whole, rather than from the activity of localised brain centres”, thus emphasising perhaps a fundamental distinction between behavioural neurology and neuropsychiatry.

M TRIMBLE