

brighter light for some – the sufferers of the relatively recently recognised, and aptly named, SAD? This seems to be the book to find out. As the title suggests, the book benefits from using a broad research base to back up its claims. I was also impressed by the comprehensive coverage, ranging from clinically oriented chapters on diagnosis and treatment to more academic discussions related to demographics and postulated aetiologies. The condition remains controversial but sceptics are likely to be reassured by the acknowledgement of limitations to existing research found in most chapters. Supporters of the condition would benefit from consideration of the chapter by Eastman outlining the evidence that a placebo effect of expectation might account for positive results in many trials of light-box therapy. They should also critically appraise the evidence for the psychometric properties of the Seasonal Pattern Adjustment Questionnaire, a retrospective self-report measure initially designed to screen for, but not diagnose, SAD and upon which much of the research into SAD relies. The sceptics will gain food for thought from the detailed evidence regarding symptom patterns, epidemiology, comorbidity and treatment.

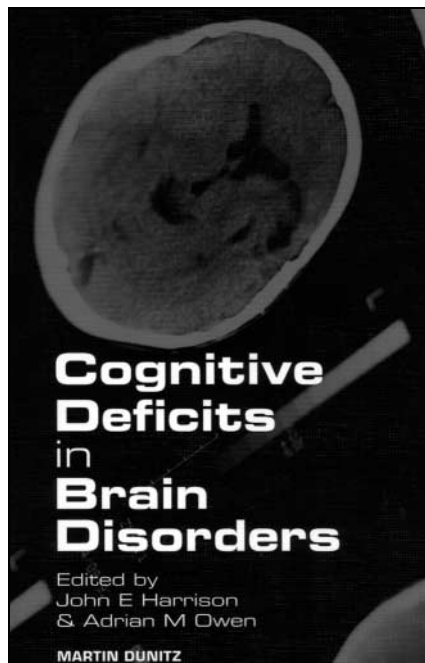
Those of us who do not have ready access to light-boxes or who have missed the seasonal aspect of a depressive disorder, reported by the book to occur in at least 1 in 100 adults, will be reassured to know that although light-box therapy is recommended, selective serotonin reuptake inhibitors seem to be as effective in achieving recovery and advising patients to have a brief walk each morning may also help. The fact that one chapter recommends that patients browse at different light boxes in cafés prior to purchase suggests that Britain may be lagging behind other countries in public awareness of the disorder.

The book has a clear style and provides a broad but detailed introduction to SAD. I would recommend it to clinicians seeing people with depressive disorders and to researchers in the field. I would encourage all to keep an open mind to the evidence presented and to its critical appraisal.

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Cognitive Deficits in Brain Disorders

Edited by John E. Harrison & Adrian M. Owen
London: Martin Dunitz. 2002. 370 pp. £39.95 (hb). ISBN 1 85317 921 3



Act 1, scene 1: The editors sitting in a bar discussing neuroscience. They reflect that they have both often been asked to recommend a book that would summarise cognitive deficits in neuropsychiatric disorders for clinicians. They regret that they have been unable to do so, as they know of no such text. Then and there they resolve to remedy this situation. Skip to the punchline, have our heroes succeeded in their quest? Well, not quite but neither is their endeavour a failure. With the help of a broad cast of contributors they do provide us with an informative overview of the neuropsychology of assorted neurological and psychiatric disorders.

The problem is not so much what is included but what is missing. I was surprised that there was no discussion of dementia with Lewy bodies. Similarly, there was no chapter on vascular dementia. The paragraph on the differential diagnosis of Alzheimer's disease discusses both delirium and depression, but does not refer to either Lewy body or vascular dementias. The book's approach is that an understanding of the neuropsychology of disease states provides a vital source of information about normal brain function. While not disagreeing, I believe that this relationship is bidirectional and that an understanding

of normal functioning is essential in order to address deficits in clinical populations. I had hoped that this book could be recommended to clinicians/trainees wanting a text that summarises the normal changes in cognition with ageing. Unfortunately, this is not the case, as normal ageing and the concepts of age-associated memory impairment, mild cognitive impairment and so on are not comprehensively discussed.

However, research and statistical methods, commonly used neuropsychological tools, neuropsychological concepts and overviews of a number of disorders of interest to a broad range of clinicians are clearly described. Perhaps the target of a comprehensive review of cognitive deficits for such a varied field of neuropsychiatric disorders was too ambitious.

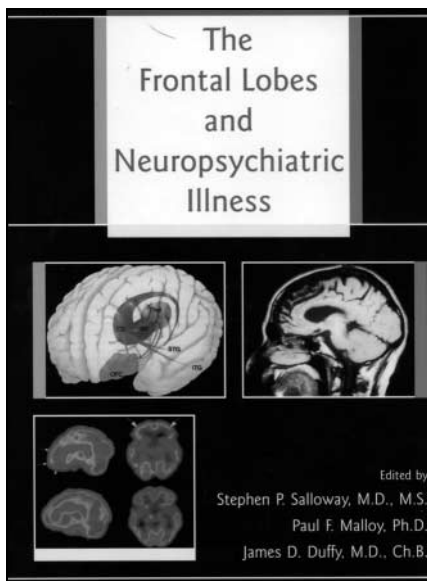
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The Frontal Lobes and Neuropsychiatric Illness

Edited by Stephen P. Salloway, Paul E. Malloy & James D. Duffy. Washington, DC: American Psychiatric Press. 2001. 274 pp. £49.95 (hb). ISBN 0 88048 800 X

This text is intended as a summary of the relationship of the frontal lobes to neuropsychiatric illness. To some extent it is an expansion on a special issue of the *Journal of Neuropsychiatry and Clinical Neurosciences* (1994: vol. 6, pp. 341–477) covering a similar topic. The book begins with the anatomy and function of the fronto-subcortical circuits, which are elegantly explained with colour figures. An attempt is made at this early stage to incorporate neurochemical concepts into an overall neuroanatomical behavioural view of the frontal lobes.

The next section concentrates on the orbitofrontal cortex (again lavishly and helpfully illustrated), outlining in more complexity its role in the regulation of behaviour. In particular, studies in humans are discussed, as is the role of the orbitofrontal cortex in such conditions as drug dependency and obsessive-compulsive disorder. The area of working memory, and its dysfunction in schizophrenia, and the



role of the frontal cortex is the next topic of discussion. This is followed by two chapters on the neuropsychological aspects of frontal lobe function, in particular examining laterality issues and the role of the frontal lobes for consciousness and self-awareness.

The next main section deals with the more classically described prefrontal syndromes found in clinical practice (a dorsal convexity syndrome, an orbitofrontal syndrome and a medial frontal syndrome), with chapters devoted to description, diagnosis, assessment and management. A disappointment with the latter is the sparsity of studies, particularly of psychopharmacological treatments, and the lack of very effective remedies. Anger management, with targeted cognitive-behavioural therapy, unfortunately is not discussed.

The final part of the text concentrates on frontal lobe dysfunction in various psychiatric disorders, depression and schizophrenia representing the main topics. However, the important area of traumatic brain injury and more recondite disorders such as reduplicative paramnesia and the Capgras and Othello syndromes and other content-specific delusions, are also included.

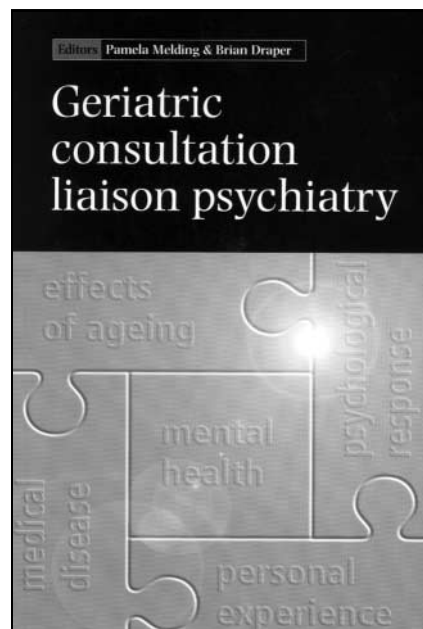
The last chapter returns to an old theme, the neurosurgical treatment of refractory obsessive-compulsive disorder using interventions that interrupt fronto-subcortical connections. The chief author of this chapter is the late Per Mindus, who was actively involved in this exciting area of research before his death in 1998 and to whom the book is appropriately dedicated.

If you want a good all-round, comprehensive, readable update on the frontal lobes in relationship to neuropsychiatric disorder, then this is the text for you.

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Geriatric Consultation Liaison Psychiatry

Edited by Pamela Melding & Brian Draper
Oxford: Oxford University Press. 2001.
396 pp. £32.50 (pb). ISBN 0 19 263084 9



This welcome book brings together knowledge pertinent to the care of older patients with mental health problems in a general hospital setting. It acknowledges that the needs of such patients are to some extent different and often more complex than those of younger patients.

The book is clearly and concisely written, from an international perspective, reminding us of the similar challenges faced by clinicians in different countries. A holistic view is emphasised throughout. Each chapter is clinically oriented, with numerous case vignettes to illustrate points made, reminiscent of patients we have all encountered.

The text is organised into five sections. The first covers the context of the geriatric

consultation liaison referral, including a discussion of service organisation and of the implications of the ageing process and of psychosocial issues. The section on assessment is comprehensive and draws attention to the particular difficulties encountered in liaison settings. The reader is reminded that liaison is a 'very time-consuming pursuit'. Specific disorders, as they present in a general hospital context, are discussed in some detail, including an excellent chapter on the more challenging 'undesirable' patients encountered together with approaches to understanding and managing their problems. The section on treatment includes psychopharmacological and non-biological treatments as well as a review of electroconvulsive therapy in older patients with physical illness. The final section includes a helpful and thought-provoking discussion of ethical and legal issues that arise in this patient group. There is a glossary of terminology and a comprehensive index that facilitates the book's use for reference purposes.

For a clear exposition of the complexities associated with the assessment of older people in hospital, the interactions between psychiatric and physical disorder, the effects of ageing and the influence of personal experience on how people cope with disease, together with a very practical overview of treatment and management options available, this book can be firmly recommended. It will be of value to all old age psychiatrists, liaison psychiatrists and geriatricians and a source of guidance to trainee psychiatrists venturing onto medical wards for the first time. It will also be of interest to primary care physicians, as many of the issues discussed apply similarly in community settings.

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Personality Disorder and Human Worth: Papers from a Conference Organised by the Board for Social Responsibility

Edited by the Board for Social Responsibility.
London: The Church of England. 2001. 43 pp.
£3.00 (pb). No ISBN

Although most psychiatrists have heard of Michel Foucault, I suspect that they do not