BOOK REVIEWS

CONTROVERSY IN PSYCHIATRY

by : John Paul Brady and H. Keith, H. Brodie.
W.P. Saunders Company, Philadelphia, London, Toronto, 1978

This challenging book consists of 1078 pages with 26 topics written by 73 world authorities in their special fields. "What is controversial in Psychiatry??" can become a very exhaustive long list of issues, and in the interest of brevity one might better ask, "What is not ?". Each topic was addressed to two or more authors who argue for and against different points of view.

In this short review, it is impossible to encompass all the 26 topics but some examples will be given. What is the future of Psychiatry as a medical speciality ? Should psychiatrists be medically trained ? The ethics and effectiveness of psychosurgery, electro convulsive therapy, drugs in schizophrenia and maintenance drug therapy in long term treatment of depression have been the topics of dispute and contradiction and every reader should decide at the end using his own judgement. Chapters were allocated to the management of the chronic alcoholic, the future of psychoanalysis, behaviour therapy, biofeedback and an up to date evaluation of the enthusiasm given to new methods of therapy. Psychotherapy was dealt with under various questions. Is there evidence for specificity in psychotherapy ? Does psychotherapy alter the course of schizophrenia ? What are the indications for group therapy. The topic of personality disorders was disputed in three chapters focussing on whether homosexuals should adopt children?, transexualism and what are the medical hazards of marihuana. The chapters on forensic psychiatry were controversial and rather subjective, dealing with the criminal justice system, involuntary hospitalization, etc... The last chapter's title was Community Psychiatry; Slogan or New Direction ?

This volume will not only inform our readers but perhaps stimulate them to see new facets of some old problems and to evolve fresh insight into their solution.

Ahmed Okasha

THE WORKING BRAIN : AN INTRODUCTION TO NEUROPSYCHOLOGY

by : A.R. LURIA — PENGUIN BOOKS, 1973

This is the last work of one of the leading neuropsychologists of the the century. It summarizes a heritage of at least half a century of clinical observation and exeperiment. Luria devised beside tests that could be administered to brain damaged patients and be correlated with surgical and pathological reports.

It is the third book of a series of classics each making its contribution to the study of the laws governing the work of the brain. The first is Grey Walter's the **Living Brain** which was the first attempt to find an explanation of human brain mechanisms in terms of the facts of modern electrophysiology. The second is H. Magoun's the **Waking Brain** which was the first attempt to approach the brain as a system responsible for the waking, active state. Luria's working brain had to wait the progress in modern scientific psychology, modern clinical neurology and neurosurgery and the creation of neuropsychology investigating the role of individual brain systems in compltex forms of mental activity.

The subject matter of the book is the basic facts of modern neuropsychology viz. the nature of brain mechanisms basic to perception, memory, speech, thought, movements and action.

The book describes three principal functional units under the names of (1) unit for regulating tone or waking (2) unit for obtaining, processing and storing information and (3) unit for programing, regulating and verifying mental activity. These units are hierarchical in structure and

of at least three cortical zones; projection, projection-association and overlapping areas. These units work concertely and each makes its own specific contribution.

Clinical study of local brain lesions and analysis of the changes arising in human mental processes as a method is discussed critically by the author, being the basic method of the new discipline of neuropsychology. The author gives preference to analysis of the functions of the dominant (left) hemisphere; which are better known. Of the areas thoroughly described are the occipital (visual), temporal (auditory), parieto-temporo-occipital, premotor and frontal divisions of the brain. The limbic region and brain stem are also satisfactorly discussed. Other areas with still unsolved problems and inadequately studied include the non-dominant (right) hemisphere and the medio-basal cortex.

The final part of the book is synthetic; examining each brain system responsible for a given form of concrete mental activity e.g. perception, movement and action, attention, memory, speech and complex intellectual activity. Here he presents the theoretical contribution of modern neuropsychology to understanding problems faced by modern scientific psychology.

The book is highly recommended to the candidates sitting for the Master Degree in Psychiatry. It gives more than a good value for the two pounds which is the price of this Penguin Edition.

Abdel Moniem Ashour

ADOLESCENTS IN PSYCHIATRIC TREATMENT AND 5 YEARS LATER

by : TOVE AARKROG, SVEND LAURITSEN, KAREN VIBEKE MORTENSEN, Copenhagen, 1979

To what extent do psychiatric disorders during adolescence differ from those in childhood and adulthood ? and, are there certain psychiatric diagnoses unique to adolescents ?

This study was done in Bispebjerg Hospital in Denmark aiming to through the light on these topics. Comparisons were made between social, funtction, and psychic condition in childhood, adolescence and adulthood, and between diagnoses.

The goal is centered on making a psychiatric and social description of adolescents at the time of hospitalization, 5 years after discharge then comparing the predictions of the future diagnoses, prognoses at discharge with the outcome 5 years later.

A retrospective study was also made of the adolescents who suffered from psychiatric disorders during their childhood, then evaluated the diagnostic development of psychiatric disorders 5 years before and after the time of hospitalization.

They concluded adolescence is not a "no man's land" diagnostically but includes both patterns of child psychiatry and patterns of adult psychiatry.

They found that patients who were examined during their child-hood period were diagnosed as follows :

29% no available diagnosis, 32% adaptation reaction, 27% neurosis 5.4% character reviation, and 5.4% borderline saate. And those who were examined during their adolescence (5 years after the previous interview

were diagnosed as follows (5.4% no diagnosis, 5,4% adaptation reaction, 29% neurosis, 32% personality disorder, 8.1% schizophrenia 13.5% borderline, and 5.4% psychiatric in puberty. After 5 yeads follow up their diagnoses were as follows :

19% no psychiatric illnes,
10.8% no available diagnoses, 0% neurosis
34% personality disorder, 10.8% schizophrenic
and 16% borderline

So we can see that patients who were diagnosed as non psychotics will function with no psychiatric disorders in adulthood, while some of them will turn to be psychotics or bordeline states but those who were diagnosed as personality disorder at the adolescent period they tend to remain as such during their adulthood time.

The feed-back from the treatment program is considered to be very important but in this study it was not explained clearly, more over, the material can not be regarded as representative of the adolescents, as most of the adolescents referred to the hospital were seriously ill, and they had often been in contact with several agencies before referred — and it seems that the place for control group study was not found to be possible. Finally this study, added in the dilemma of diagnosis in adolescence, and warn us to revise our diagnosis carefully, to forget our prejudice and to learn a lesson of humility.

Afaf Hamed