832 BOOK REVIEWS

only. Psychologists will find it more useful than clinicians, and MRCPsych students may well wish to use it for reference on brain function and psychometric concepts.

ROBERT M. LAWRENCE, Department of Psychogeriatric Medicine, Purley Resource Centre, Purley, Surrey

Concise Guide to Consultation Psychiatry (2nd edn). By MICHAEL G. WISE and JAMES R. RUNDELL. Washington, DC: American Psychiatric Press. 1994. 300 pp. US \$19.50 (pb).

This is a well written book that packs a lot of extremely useful information into a small space (5" × 3.5") and which could be used as an invaluable ward-based pocket-sized guide for trainees in liaison psychiatry. It is well stocked with tables, mnemonicorientated memory aids, diagnostic instruments such as the Mini Mental State Examination, and an excellent index. It has an expected American bias, but this reveals itself most conspicuously only in the sections dealing with legal issues and the management of violence (in which the use of control and restraint are given special prominence). Otherwise the contents translate well to the UK setting.

The authors are both experienced liaison psychiatrists and it shows. The opening chapters dealing with the psychiatric consultation, mental state examination, and the diagnosis and treatment of delirium, affective disorders and anxiety disorders, are excellent and form the strongest sections of the book. There are also good sections dealing with the use of neuroleptics in the medically ill and some of the commoner drug interactions. The chapters following these are weaker, and those on pain (no mention of pain management programmes), deliberate self-harm (almost exclusively taken up with assessment of suicide risk), childbirth-related disorders (only two pages), and care of the terminally ill, are disappointingly brief and lacking in detail.

I would question one or two points. In particular I would query whether 50-100 mg daily of thiamine is a sufficient dose for the prevention of Wernicke's encephalopathy in alcohol withdrawal syndrome, and there is no mention of the role of magnesium in the management of that condition or of confusion in general. Bromocriptine and dantrolene are still proposed as first-line treatments for neuroleptic malignant syndrome, which some might query, no reference being made to their side-effects or dangers of toxicity, and the role of lorazepam is overlooked. The "epileptic personality" rears its head once again, but I was surprised to find no chapter on psychiatry and epilepsy; in a book which already offers treatment for male erectile disorders (why not female sexual dysfunction?) and the problems associated with organ

transplant and intra-aortic balloon pumps (!), the omissions are puzzling and perhaps reflect the author's personal interests.

On the whole this is a book I would recommend for trainees because of the strengths of the earlier chapters. A further revision (this is the second edition) in line with an expansion of the remaining chapters would greatly enhance this book and propel it into the "essential" league.

C. V. R. BLACKER, Gwaynten Unit, Royal Cornwall Hospital, Truro, Cornwall

Reading, Writing and Dyslexia: A Cognitive Analysis (2nd edn). By A. W. Ellis. Hove: Lawrence Erlbaum. 1993. 137 pp. £19.95 (hb), £7.95 (pb).

The study of normal and abnormal reading has reached great prominence in psycholinguistics. How do we translate the written forms of words into their meaning and pronunciations? How do we learn to do these tasks? How do we carry out the reverse process of writing? What effect does brain injury have on these processes? This book aims to provide an introduction to these topics that is suitable primarily for psychology and education undergraduates, but also for the general reader. It fully achieves this aim. It is also, unlike many texts, fun to read. Although it is the second edition of a successful textbook published in 1984, it is no mere updating of the earlier edition. It is a major rewrite, with material clarified, reorganised and improved. I am recommending several copies both to our library and to our bookshop.

Ellis adopts two related approaches, those of normal cognitive and cognitive neuropsychology. Indeed, the book may be said to take an ultra-cognitive stance: don't expect to find much mention of the brain in it. Perhaps the book represents not only the state-of-theart but perhaps also the end-of-the-road for this approach. To make further progress we need to pay more attention to what happens inside the boxes of our flow-chart diagrams. Towards this end, I would like to have seen more on connectionist (or neural network) models. These have had a major impact on our understanding of normal and abnormal cognition. As the author has the knack of explaining complex ideas simply and clearly, any contribution in this notoriously difficult area for undergraduates would have been a bonus

The book begins with an interesting and entertaining chapter that provides background on the origin and types of written language. The next two chapters look in detail at single visual word recognition. This topic has generated more research (some would say disproportionately more) than any other in psycholinguistics, and Ellis leads us clearly through the data and models. This is followed by examination of the disorders of reading and word recognition that result