

Book Reviews

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The Frontal Lobes and Neuropsychiatric Illness

edited by Stephen P. Salloway, M.D., M.S.;
Paul F. Malloy, Ph.D.; and James D. Duffy, M.D.,
Ch.B. American Psychiatric Publishing, Inc.,
Washington, D.C., 2001, 280 pages, \$61.00.

In the frontal lobes lies much of what makes us human, allows us to create, and allows us to both form the symptoms of mental illness and benefit from its treatment. This volume on the neuropsychiatry of the frontal lobes places a wealth of information about frontal function at the fingertips of clinicians and trainees. Originally published as a special issue of the *Journal of Neuropsychiatry and Clinical Neurosciences*,¹ it has been expanded and updated in the current work.

The 16 chapters in this volume have been authored or coauthored by acknowledged experts in the field, edited to keep the terminology relatively consistent, and grouped into 4 sections: introduction, prefrontal functional organization, prefrontal syndromes, and frontal dysfunction in neuropsychiatric disorders. The level of writing is appropriate for both trainees and clinicians, and there are ample color illustrations to clarify the relationships being discussed.

In his introductory chapter on the significance of frontal disorders for medical practice and health policy, Fogel argues that assessment of prefrontal behavioral functioning may be more relevant than assessment of cognitive functioning in determining the treatment response of Alzheimer patients, the level of functional disability of neuropsychiatric patients, and the need for case management services. The section on prefrontal functional organization begins with Mega and Cummings' beautifully illustrated chapter on frontal-subcortical circuitry. They provide the reader with a functional-anatomical basis for understanding apathy, impulsivity, mood symptoms, and impaired executive function as frontal-subcortical circuit disorders. In their comprehensive review of the connections and functional significance of the orbitofrontal cortex, Zald and Kim give detailed descriptions of what is known about the role of this area in reinforcement, social and emotional behavior, affect, and memory in neuropsychiatric disorders. The chapter by Goldman-Rakic is a concise summary of her research on working memory and its application to schizophrenia, followed by a comment by Salloway on the applications of Goldman-Rakic's research to the psychopharmacology of frontal dysfunction. Podell, Lovell, and Goldberg update what is known about lateralization of frontal cognitive function, relating this information to obsessive-compulsive and mood disorders and proposing that the right hemisphere facilitates processing of novel stimuli while the left hemisphere mediates activities requiring adherence to predetermined behaviors. Stuss, Picton, and Alexander conclude this section with a summary of prefrontal involvement in consciousness and self-awareness.

The prefrontal syndromes section begins with a review by Duffy and Campbell of the major prefrontal syndromes and their causes. The assessment chapter by Malloy and Richardson is an overview of frontal system deficits and the approaches and tests

used to document them, including strategies for bedside evaluation. Two case-based chapters on treatment of frontal syndromes follow. Salloway first outlines pitfalls in the treatment of apathy, disinhibition, and dysexecutive syndromes. Then Campbell, Duffy, and Salloway outline a treatment approach that includes psychopharmacologic management and psychosocial interventions.

The final section on frontal function in neuropsychiatric disorders begins with Mayberg's review of evidence largely from functional imaging data on depression secondary to neurologic disorders. A chapter on schizophrenia and the frontal lobes by Meyer-Lindenberg and Berman reviews the applicable postmortem evidence, structural and functional imaging data, and frontal neurochemistry. Posttraumatic frontal dysfunction is covered by Kraus and Levin. Richardson and Malloy review the evidence on content-specific delusions in frontal dysfunction, a topic difficult to find in general psychiatry texts. The final chapter, by Mindus, Rasmussen, Lindquist, and Noren discusses what can be learned about frontal function from neurosurgical treatment of refractory obsessive-compulsive disorder.

This book makes recent advances in the understanding of frontal function available to students, clinicians, and researchers who might not otherwise have experience in cognitive neuroscience. Frontal dysfunction is directly related to disability in neuropsychiatric disorders. Understanding how to help our patients begins with understanding the causes of their disability. This volume provides an excellent start.

REFERENCE

1. The Frontal Lobes and Neuropsychiatric Illness [special issue]. *J Neuropsychiatry Clin Neurosci* 1994;6(4):341-477

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Handbook of Cultural Psychiatry

by Wen-Shing Tseng, M.D. Academic Press, New York, N.Y.,
2001, 855 pages, \$149.00.

The *Handbook of Cultural Psychiatry* represents a remarkable achievement. As a single-authored text that synthesizes the work of 2000 authors, it provides a richly textured view of progress in cultural psychiatry over the last 40 years. It is destined to become a classic in the field. Richly illustrated with photographs, diagrams, and illuminating case histories, the book is tightly organized. It reviews cross-cultural perspectives of human behavior in terms of mental stress and illness behavior, psychopathology, clinical practice, cross-cultural research, and cross-cultural training. The greatest weakness of the book is its greatest strength; namely, that it ignores Europe for the rest

of the world. In the past, comparisons of European immigrants to the United States have dominated the American literature on cross-cultural psychiatry. In contrast, Tseng's suggested book list for further study includes only 2 books for Europe and 6 for Oceania, 15 for South America, 19 for Africa, and 23 for Asia. Examples in the text follow suit.

Tseng has spent his life preparing to write this book. Born in 1935, he spent his first 10 years in Japanese-speaking "Formosa." He received his university and psychiatric training in Chinese-speaking "Taiwan." After several years of additional psychiatry training in Boston, Mass., Tseng moved to the East-West Center in Hawaii, and in 1976 he became a professor of psychiatry at the University of Hawaii. As a consultant to the World Health Organization, he has worked in China, Japan, Singapore, Malaysia, and Micronesia. Since 1987, Tseng has served as a guest professor at the Institute of Mental Health, Beijing University.

Tseng's book is consistently both clarifying and informative. For example, he distinguishes between the often-confused epidemiologic effects of westernization (e.g., bikinis and Parisian fashions) and of modernization (e.g., high-calorie food and sedentary jobs) on psychopathology. He reminds us that attempted suicide is still a legally punishable offense in India and that eating disorders, almost nonexistent in China, are more common in India than westerners imagine and just as common in Egypt as in England.

Unlike many "postmodern" sociologists and cultural anthropologists, Tseng never abandons the scientific importance of empirical fact for a stance that in psychiatry, "all is relative." Careful attention is paid to cross-cultural pharmacology, psychodynamics, epidemiology, and genetics. For example, he notes the dramatic statistical differences in the pharmacokinetics of haloperidol and citalopram between whites and Asians. However, Tseng wisely reminds us that the greater sensitivity of Asians to neuroleptics exists on a group basis and may not apply to a given individual.

The section on culture-related specific syndromes is particularly helpful. Cargo cults, koro, amok, and many others are presented with historical background, a vivid case history, and classification criteria. Each syndrome is then integrated into general psychiatry. Tseng distinguishes well-delineated syndromes from questionable conditions resulting from poor anthropology or scholarship. Not only does Tseng suggest ways that psychiatrists can enhance their own empathy, but he also offers public health psychiatrists common sense approaches on how to deal with cultural tragedies like Jonestown and Waco.

Tseng discusses psychiatric health care delivery systems around the world and provides a thought-provoking integration of traditional folk healing methods with western dynamic psychotherapy. He notes that both provide an appreciation of symbol, metaphor, affect, and rhetoric that is missing from rigorously logical medical models. The drawback to such methods—from shamanism to psychoanalysis—is that the therapist may sometimes ignore dispassionate and open inquiry and thus allow the entrance of fraud, boundary violation, and lack of self-criticism. Tseng's book offers us for the first time a cross-cultural text for our small planet. As readers absorb one compassionate cross-cultural comparison after another, they will begin to discern what is parochial in their own thinking and reflects their cultural and ethnic bias and what is of relevance to humanity as a whole. This is a book that belongs in every hospital library, no matter how small, and on the shelf of every psychiatric educator, no matter how specialized.

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