
Lishman's Organic Psychiatry, 4th ed.

by Anthony S. David, MD; Simon Fleminger, PhD; Michael D. Kopelman, PhD; Simon Lovestone, PhD; and John D. C. Mellers, MBBS. Wiley-Blackwell, Oxford, UK, 2009, 933 pages, \$199.95 (hardcover).

Since its first edition, *Lishman's* has set the bar for monograph treatments of a complex topic anywhere in medicine. The advances of a generation since the first edition and a decade since the last edition arrive now with elegant preservation of qualities revered in the outstanding, classic original. Going above and beyond the updating task, the editorial team has added sleep, imaging, and more detailed treatments of AIDS-related encephalopathy and epilepsy to the existing structure and conceptualization of the field. The striking teaching tone and exhaustive referencing of the original remain breathtaking on every page, consistently providing the reader with much more than the usual textbook listings of research findings. Controversial topics are handled tactfully and accurately, leaving clear and unambiguous expositions of what is known, how it was learned, and where the field needs to look in order to move forward. Facts are accurately aligned in syntheses that are far greater than the individual parts. It is a masterpiece worthy of its heritage, offering the unique richness that was evident in the original work. As such, it should be viewed as a necessary if occasional resource for the general psychiatrist and as an absolute requirement for the training and practice of consulting psychiatrists.

Abundant, clinically useful details and crisp anecdotal case histories make even a full front-to-back reading of this volume worthwhile. Even so, most will use it to explore those unusual presenting symptom sets or rare disorders (like a patient with Behçet's syndrome recently sent to me) that are encountered less commonly in one's practice. It reads like a conversation with the most expert colleague in the field, brilliantly clarifying distinctions that matter for differential diagnosis and treatment selection. Pearls abound everywhere; warnings are soundly summarized. The sparing use of tables and figures, which are invaluable where offered, never leaves a sense that more are needed as eye candy to decorate the informative and highly accessible text. For example, anticonvulsant interactions are described in a few useful paragraphs of text, where a table might seem tempting to include but would be sadly lacking in pertinent detail and readability. After all, the best warning regarding such interactions is simply universal caution. On the next page, though, a delightful table delineates the clinician's approach to a perpetually perplexing conundrum: how to present the diagnosis of dissociative (so-called "pseudo") seizures to a frightened nonepileptic patient. Fellows in training as consulting psychiatrists, listen up!

Content begins with principles, in 3 chapters: "Basic Concepts in Neuropsychiatry," "Neuropsychology in Relation to Psychiatry," and "Clinical Assessment." A host of specific disorders are covered in 11 more chapters: "Head Injury," "Cerebral Tumors," "Epilepsy,"

“Intracranial Infections,” “Cerebrovascular Disorders,” “Alzheimer’s Disease and Other Dementias,” “Endocrine Diseases and Metabolic Disorders,” “Addictive and Toxic Disorders,” “Movement Disorders,” “Sleep Disorders,” and a final bin filled with “Other Disorders” (yes, even Behçet’s syndrome). This is a manual for the psychiatrist who sees, diagnoses, and treats patients suffering from psychiatric complications of somatic illnesses. It is not a psychosomatic treatise based on psychodynamic or analytic principles. If it’s seen at autopsy, you’ll learn about it here, and hopefully be able to identify it accurately before it’s too late.

Editing is excellent, with extremely rare typos, and the writing only infrequently tilts toward the obtuse or run-on construct. However, the index, while quite exhaustive, was not always clinically spirited. There may be room for expansion in future editions to accommodate growth in knowledge regarding relationships among stress, immune factors, inflammatory responses, and signal transmission as these areas come of age. Interactions among dynamic features of brain and endocrine and cardiac functions will need additional space in the next expansion of the old outline.

Anthony David and his team have succeeded admirably in an impossible mission by keeping the qualities and value of the old while infusing it with the latest advanced knowledge. An online version is available, possibly through the institutional libraries, but the presence of this volume on the bookshelf will unmistakably identify the cognoscenti. This is fundamental preparation for clinical diagnosis and treatment planning in any setting where medical patients are seen in psychiatry—which is everywhere. Even self-described “pure therapists,” if buying only one book this year, would benefit from acquiring this reference. Their patients would be well-served, too!

Ronald M. Salomon, MD
ronald.m.salomon@vanderbilt.edu

Author affiliation: Vanderbilt University School of Medicine, Nashville, Tennessee.

Potential conflicts of interest: None reported.

*doi:*10.4088/JCP.10bk06695whi

© Copyright 2011 Physicians Postgraduate Press, Inc.