Cognitive Assessment for Clinicians

John R Hodges Oxford University Press, £16.50, pp 242 ISBN 0 19 262344 X

"I we many camels are there in Holland?" This somewhat surprising question may well soon form part of the routine neurological examination, an examination which traditionally devoted inordinate efforts to brain stem nuclei while virtually ignoring the vast terra incognita of the cerebral cortex. In contrast the question on Dutch camels, which tests ability to estimate from general knowledge, is part of a recent bedside test for cognitive functioning of dorsolateral prefrontal cortex. Answers of none or more than fifty are associated with frontal damage.

In the 1960s cognitive psychology began to anatomise basic mental processes, isolating separable functions by experiments in which tiny changes of stimulus or procedure reliably produced different responses, implying separable mechanisms. Thus the once simple term "memory" is now divided into explicit or declarative memories (composed of verbal and spatial working memories, and episodic and semantic long term memories), procedural or implicit memories (including conditioning, priming, and motor skills). Nevertheless, as Hodges emphasises, the list does not include a term beloved of many clinicians, "short term memory," lasting from minutes to days—there is simply no evidence for its separate existence.

The 1970s saw the birth of cognitive neuropsychology, in which detailed psychological testing of patients with different cerebral lesions confirmed the cognitive fractionation originally identified in normal subjects, and then further isolated processes subsequently to be identified in normal subjects. Finally, in the 1980s, positron emission tomography and functional magnetic resonance imaging allowed these dissociable neural processes to be observed and localised almost directly.

The classification of acquired dyslexias typifies the methods of cognitive neuropsychology. Comparing ability to read short and long words (tin/umbrella), common and rare words (school/schism), orthographically regular and irregular words (yoke/yolk), and words and non-words (bled/gled), allows the differentiation of pure alexia (long words are read more slowly than short words), surface dyslexia (low frequency, irregular words are misread), and deep dyslexia (inability to read non-words).

Hodges provides a short, clearly written guide to these neurological innovations, giving a brief theoretical overview of distributed and localised lesions, a clear account of cognitive history taking, and a

useful checklist of tests suitable for a busy clinician. The book also describes some rarer species which may be spotted by the neurologist, including Ganser's syndrome, in which patients give approximate answers to questions—"How many legs has a cow?" "Three." The author also provides many practical tips (for example, on assessing writing ability—"Remember, most people write very little other than shopping lists and postcards"), as well as showing a reassuring understanding in asking about difficult or embarrassing topics: "Questions need to be phrased sensitively to avoid insulting or patronizing the patient, but can usually be achieved with something along these lines: 'I like to ask all of my patients to tell me why they think they have been referred to see me."—CHRIS MCMANUS, professor of psychology, St Mary's Hospital Medical School, London

The Unconscious at Work: Individual and Organizational Stress in the Human Services

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orking with people who are ill has always been stressful. Organisations concerned with health care, because of the complexity of their aims and their structure, are stressful places in which to work. Uncertainty and change, prominent features of today's health service, are also acknowledged as important stressors. There



The ability of single photon emission computed tomo led to its rapid transfer from the laboratory to clinical dimensional picture of the brain, in which the pink *Imaging* (Raven, \$164, ISBN 0781701902).