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Reading About . . .

Organic Psychiatry

Much contemporary psychiatry has a physical conceptualisation of mental disorders, but the term 'organic psychiatry' has a narrower meaning. Lishman (1987) defined it as the "cognitive, behavioural and emotional consequences of cerebral disorder", and distinguished it from neuropsychiatry (disorders associated with structural brain disease) and from biological psychiatry (a general approach to psychiatry). The separation of organic psychiatry and neuropsychiatry is not clear-cut, however. Presumably, delirious states lie within organic psychiatry not neuropsychiatry, even though they may result from brain disease, but tic disorders are generally considered under neuropsychiatry, even though there is no identified structural lesion.

Two other terms also merit consideration: behavioural neurology and neuropsychology. Behavioural neurology, "the study of disorders of mood, personality, intelligence, perception and arousal and . . . the structural basis of normal and abnormal behaviour" (Lees, 1988), seems to have undergone a change of emphasis recently. Possibly the first text entitled *Behavioural Neurology* (Pincus & Tucker, 1974) discussed both neurological aspects of psychiatric disorders (schizophrenia, depression) and various neurological topics from the perspective of behaviour and treatment. Latterly though, behavioural neurology has shifted its emphasis from functional psychoses to established brain disease (Kirshner, 1986), and has focused on disturbances of higher cortical function (aphasia, agnosia, apraxia, etc.), rather than abnormal emotion, personality, thought and conduct. In practice therefore, the ideal as defined by Lees (1988) is rarely attained, which is disappointing. For example, Weintraub & Mesulam (1985), discussing mental state examination, devoted only one of over 50 pages to the assessment of mood and ignored personality altogether. Kirshner's (1986) 'practical approach' offered no advice on management of emotional disorders.

Neuropsychology, "the study of neural mechanisms underlying human behaviour" (Hecaen & Albert, 1978), suffered during the early 20th century, owing to the influence of holistic and gestalt theories of brain function. However, it has flourished over the last 20–30 years. Initially, it concentrated on identifying and localising brain–behaviour relationships, aiming to elucidate normal psychological functioning and develop clinical means of localising lesions. However, the extent to which abnormal function reflects normal processing remains controversial (Shallice, 1988), and the lesion-locating power of psychological testing is far inferior to that of modern brain imaging techniques, so the emphasis has changed. Authors have adopted more clinical, less theoretical stances, and have highlighted practical aspects of clinical assessment (Lezak, 1983). A further recent shift is towards measuring recovery, planning rehabilitation and evaluating treatments (Miller, 1984). From an early focus on language and memory disorders, the range of functions studied has also widened to include, for example, attention and visual perceptual disorders (Meier *et al*, 1987).

Technological advance v. conceptual stasis

Organic psychiatry has exploited the current technological explosion in neurosciences in, for example, its use of brain imaging and molecular genetics. Brain imaging is of particular importance, useful reviews being provided by Besson (1987) and Andreasen (1988). In contrast, conceptual issues, such as debates regarding organic or psychological causation of psychopathology, or questions about localisation of lesions and functions, have advanced less far, often remaining rooted in the 19th century (Berrios & Dening, 1989). Harrington (1987) illustrated the antiquity of many current ideas on cerebral laterality (Springer & Deutsch, 1989). Morsier (1938) discussed several hypotheses of the genesis of hallucinations before opting for a very organic view. Review of the conceptual framework should stimulate fresh avenues of research (Berrios & Dening, 1989). A commemorative examination of the work of Hughlings Jackson (Kennard & Swash, 1989) is thus welcome.

Dementia

Currently, dementia is studied separately from other disorders of old age, but this was not always so. Roth

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(1955) most convincingly demonstrated the varying prognoses of depression, paranoia, delirium and dementia. A more lingering issue is whether dementia is qualitatively abnormal (a disease), or simply severe but normal ageing (an idea based on continuous distributions of plaque counts or test scores (Brayne & Calloway, 1988)). However, consideration of other clinical features and family histories strongly favours the former view.

In Alzheimer's disease, the most important clinical problem is identification of early cases, since otherwise potential treatments cannot be evaluated (Henderson & Huppert, 1984). One approach, as employed by Roth *et al* (1986) using CAMDEX, is to seek subtle cognitive impairments. However, it is possible that the earliest manifestations are not cognitive but occur in other modalities of behaviour or emotion. Berrios (1989) has referred to the contemporary view of dementia as the 'cognitive paradigm', and demonstrated that earlier concepts of dementia were more broadly based than current diagnostic criteria. Non-cognitive symptoms in dementia, affective changes, behavioural problems, delusions and hallucinations, are now receiving more attention (Fairburn & Hope, 1988; Wragg & Jeste, 1989). These symptoms have most impact on where and how sufferers are cared for, so this trend is both sensible and welcome.

At the molecular level it appears that Alzheimer's disease is largely inherited (Whalley, 1989), although the aluminium story is not yet finished and seems popular with the public. The so-called transmissible dementias (Creutzfeld–Jakob disease, scrapie, etc.) have stimulated advances in microbiology such as the postulation of 'prions' (Prusiner, 1982), but with limited impact on psychiatry so far.

Movement disorders

Disorders of movement are central to organic psychiatry. Although Wernicke regarded them as organic, there has been a tendency to interpret abnormal movements psychologically, reflected in the unhelpful psychiatric classification of mannerisms and stereotypes on the basis of their being or not being goal directed. There is much interest in movement disorders in psychiatric illness (Hunter & Macalpine, 1974; Rogers, 1985) and following psychiatric treatment (Barnes, 1987). It has been suggested that schizophrenia can be regarded as a movement disorder (Barnes & Liddle, 1985).

Tics and dystonic disorders, formerly fertile ground for psychoanalytical speculations, have attracted recent interest (Lees, 1985), and Marsden has been highly influential (Marsden & Fahn, 1982, 1987; see also *Journal of Neurology, Neurosurgery and Psychiatry* special suppl., June 1989). Gilles de la Tourette syndrome forms the end of a continuum of inherited tic disorders, and is associated with obsessive–compulsive disorders (Robertson, 1989). Dystonic disorders (blepharospasm, Meige syndrome, spasmodic torticollis, writer's cramp, etc.) have an organic basis, combining genetic predisposition and a peripheral problem, for example trauma or overuse.

In Parkinson's disease (PD), improved methodology has produced some consensus about the extent of depression and cognitive impairment, although the meaning of James Parkinson's (1817) comment that "the senses and intellect appear unimpaired" still arouses controversy. Opinions differ regarding the nature and origin of depressive symptoms, or the putative link with Alzheimer's disease. Recently, a more neuropathological definition of PD has been advocated, with a fundamental role for the Lewy body (Gibb, 1989). This seems arbitrary, since clinical criteria could be used. The effect is to make the mental changes appear marginal phenomena, hampering research into psychopathology. Historically, neurologists have frequently attempted to belittle the importance of mental symptoms (for example, Brain (1930) and multiple sclerosis; Kinnier Wilson (1940) and Wilson's disease; Marsden (1982) and basal ganglia functioning). A thorough review of mental changes associated with PD is needed, taking into account the conceptual history of different viewpoints.

In the field of Huntington's disease, research into related psychopathology has been overshadowed by technical breakthroughs (Stober *et al*, 1988), especially the discovery of a marker on chromosome 4, but also neurochemical studies implicating excitatory transmitters. McHugh & Folstein (1982) and Caine & Shoulson (1983) have described the psychopathology, however, and the study of Dewhurst *et al*. (1970) is still worthwhile. Recent studies have shown psychological deficits in pre-symptomatic individuals (Jason *et al*, 1988), and associations between caudate lesions and specific cognitive deficits (Starkstein *et al*, 1988).

Wilson's disease is treatable, and produces most damage to the putamen, in contrast to other basal ganglia disorders. It is thus important, despite its infrequency. An increased prevalence of schizophrenia-like states (Davison & Bagley, 1969) and existence of a typical subcortical dementia (Cummings, 1985) have been claimed, but neither assertion is supported by recent systematic studies (Dening & Berrios, 1989*a–d*; Lang, 1989). The typical psychiatric changes are alterations in behaviour

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and personality, associated with dystonia and dysarthria, and probably have an organic origin.

Psychiatric trainees

Several books discuss general aspects of organic psychiatry. Lishman (1987) is indispensible. Trimble's *Neuropsychiatry* (1981), a shorter alternative, needs a new edition. Roberts (1984) uses clinical vignettes to discuss neuropsychiatric differential diagnosis. The two volumes edited by Benson & Blumer (1975, 1982) are readable, although not comprehensive. The overlap between neurology and psychiatry is considered under the editorship of Reynolds & Trimble (1989).

Among books on neuropsychology, the best general edition is by Walsh (1987). Although this is an introductory text, it has some sophisticated discussions, for example regarding frontal lobe function. A companion volume (Walsh, 1985) considers assessment, as do Strub & Black (1985). Mayes (1988) has published a useful book on memory disorders, with Parkin (1987) a less weighty alternative. Benson's *Aphasia, Alexia and Agraphia* (1979) is a classic text.

There are several helpful books on dementia (e.g. Pitt, 1987), but few on the psychiatry of movement disorders. Epilepsy is served by several volumes edited by Trimble and colleagues (e.g. Reynolds & Trimble, 1981; Trimble & Bolwig, 1986).

For lighter reading, Critchley & Henson's (1977) *Music and the Brain* is recommended. Two neurologists, Sacks (1985) and Klawans (1989), have published collections of clinical vignettes, many within the domain of organic psychiatry.

A testament to current interest in organic psychiatry has been the launch in the last year of a new journal, *Behavioural Neurology*, and two new learnèd bodies, the British Neuropsychological Society and the British Neuropsychiatry Association. Psychiatric trainees should consider joining the latter.

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