

BOOK REVIEW

Lexicon of Psychiatry, Neurology and the Neurosciences

Frank J. Ayd, Jr., Baltimore, MD: Williams and Wilkins, 1995

At a time when it is incumbent for any author to bare any conflicts of interest, let me expose mine in regard to reviewing this book. First, I had previously seen three other reviews of the book, all quite favorable. Second, and more important, Frank Ayd is an old friend and esteemed colleague. Laboring with these two prejudices, I resolved to be as totally objective as possible, perhaps being hypercritical as a form of reaction formation (defined in the *Lexicon*).

The *Lexicon* is a labor of hard work, if not of love, too. Its development took over 5 years of work, mostly done during time away from a busy psychiatric practice. Definitions of terms take 684 pages with an additional 56-page index. You won't get lost in this book. It is $7 \times 10 \times 1\frac{1}{2}$ inches in size, fits well in the hand, and is easily managed. Although previous reviewers questioned whether this work was a dictionary or encyclopedia, Dr. Ayd is quite right in calling it a lexicon. Some definitions are encyclopedic, but most are brief. Entries for lithium take 17 pages—enough space to write a fairly comprehensive article on the drug.

This work is unique and long overdue. Each trade has its own special lingo. Physicians spend 4 years going to medical school to learn a new language and spend the next 40 years trying to translate it into something patients understand. The vocabulary of psychiatry is extremely extensive, a consequence of its interdisciplinary nature. To have such a lexicon for looking up unfamiliar terms or for refreshing one's understanding of previously known terms is a great help. It would be nice if someone did the same task for molecular biology, which has the most rapidly changing language of all. The body makes so many proteins, usually designated by three letters followed by a number, that many terms are difficult to understand.

So how do you go about reviewing a lexicon? My

choice was to focus on entries under C, as these were the most frequent, taking some 83 pages (three letters, J, X, and Y, required only a single page). Then I did a quick count of the entries in this section, trying to classify the terms as primarily psychiatric, neurologic, neuroscience, genetics, statistics, or others. Such classification is both arbitrary and questionable. The word, cerebellum, serves psychiatry, neurology, and neuroscience. (Oddly enough, the specific word cerebrum is not mentioned, although several entries apply to cerebral.) According to my count, about 1275 entries pertained to psychiatry, 43 to neurology, 0 for neuroscience (omitting words that are duplicative), 40 to genetics, 80 to statistics, and 48 to others. I understand that in subsequent editions, new terms will be added to add to the content of disciplines other than psychiatry.

I did not try to count entries as pertaining to drugs versus nondrug terms, but a substantial number pertains to drugs. This preference might be expected of an author whose career has spanned the course of drug therapy in psychiatry. However, this imbalance shorts the various terms used in psychodynamics: No definitions of concepts such as oedipus complex, cathexis, or transference. As for neurologic terms, although common diseases, such as Parkinson, Huntington, myasthenia gravis, and Guillan-Barre syndrome are defined, there is no entry for one of the most useful neurologic drug treatments, penicillamine. In neuroscience, such commonly used terms as apoptosis, exocytosis, and APO-E are omitted. But, after all, this lexicon is a first attempt. I'm sure that Samuel Johnson's first dictionary had little resemblance to the *Oxford English Dictionary* of today.

Drug-drug interactions (a favorite of clinical pharmacologists since the 1960s) are more than amply covered. If I were an editor, I might suggest a spin-off of a

Manual on Psychotherapeutic Drug Interactions. Carbamazepine merited 82 such entries; clomipramine, 56. Yet this area is fuzzy. Many are based on case reports (most in the *Lexicon* have some recent reference cited). It is useful to know more than just that an interaction occurred: How well is the interaction documented? Is the onset rapid or delayed? What is the severity? Another problem with drug interactions is that they constantly change, some being questioned as new ones are reported. Presently, this information is readily accessible in many hospital pharmacies, which have the material on-line.

Despite my picky comments, the work is a vast and valuable undertaking. Because of the heavy emphasis on drugs, the book may be less used as a reference by psychopharmacologists than by most practicing psychiatrists, mental health workers, and students. As stated

earlier, nothing else is like it. The *Lexicon* will become a standard reference work for all who are interested in the various disciplines subsumed by psychiatry.

With characteristic modesty revealing the perpetual scholar, Frank writes in the preface to the book that he would welcome readers' ideas of overlooked information or errors. I doubt that many of the latter would be found, but I am sure that readers can feel perfectly free to communicate with the author. My own comments, I sincerely hope, will be construed as constructive and possibly enhance the value of later editions.

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