Table 1 Clinical characteristics of patients with dementia with Lewy bodies, with cholinesterase inhibitor resistant hallucinations (RH patients) compared with patients with dementia with Lewy bodies whose hallucinations improved with cholinesterase inhibitors (improved patients)

	RH patients (n = 9)	Improved patients (n = 27)
Age	66.6 (8.5)	65.2 (8.6)
Sex (M/F)	3/6	15/12
Severity of dementia (mild/moderate)	7/2	26/1
Duration of DLB	2.7 (2.1)	2.0 (1.1)
Hallucinations baseline subscore NPI	8.6 (3.0)	6.6 (3.1)
Type of hallucinations		
Visual	4 (44)	23 (85)
Non-visual	5 (56)	4 (15)
Delusion	7 (78)	2 (7)
Depressive symptoms	8 (89)	13 (48)
Nightmares	6 (67)	24 (89)
Sleep apnoea	0 (0)	5 (18)
Extrapyramidal signs	6 (67)	21 (78)
MRI hyperintensities	4 (44)	6 (22)
Type of ChEIs		
Rivastigmine	5 (55)	17 (63)
Donepezil	2 (22.5)	7 (26)
Galantamine	2 (22.5)	3 (11)
Maximal dosage	7 (78)	13 (49)

ChEIs, cholinesterase inhibitors; DLB, dementia with Lewy bodies; NPI, Neuropsychiatry Inventory. Results are shown as number of patients (%).

delusions. This may explain the variable response to ChEIs. Muscarinic M1 receptors[2] are only increased in patients with delusions whereas M4 receptors are only increased in patients with VH.[3] Moreover, plaques and tangles staging are associated with VH and not with delusions.[4]

The data, although limited by the open label design of the study and the small number of patients, need to be confirmed in double blind studies using behavioural scales with subscores to assess each psychotic symptom. Hallucinations associated with delusions might require different treatment than isolated VH.

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BOOK REVIEW

Paediatric neurology: principles and practice, 4th edition

Edited by Kenneth F Swaiman, Stephen Ashwal, Donna M Ferriero. Philadelphia: Elsevier, 2007, pp 1177. ISBN 139780323033657

Published at the end of last year, this two volume set is the fourth edition of a highly respected American textbook of paediatric neurology. In the current edition, the editors have updated and supplemented previous editions. In particular, a new co-editor Dr Ferriero brings additional neonatal expertise to the text. These books are weighty in every sense, comprising a total of 2672 pages, and logically divided into 16 sections which cover all areas of paediatric neurology, beginning with clinical evaluation and diagnostic testing, through to all aspects of developmental and acquired neurological disorders. Recent advances in basic science and genetics are reflected throughout the text—for example, there are now chapters on neurogenetics and on the neurophysiology and genetics of epilepsy. Less mainstream aspects are also covered in some detail—for example, there are sections on the effects of systemic disease on the nervous system and on the neurobehavioural disorders and their psychopharmacology. The second volume finishes with a useful section on the overall care of children with neurological disorders, including new chapters on ethical issues and the role of the internet and its resources. Each chapter is well referenced (up to 2004) and the index is excellent.

Despite this being an American textbook, it is highly applicable to UK practice both for experienced clinicians and those in training. Areas of potential diversity such as statutory procedures in non-accidental injury or ethical judgements are dealt with in a broad manner. A few eponymous terms are absent—for example, Pickwickian syndrome is now just one aetiological factor in sleep apnoea and Ondine's curse is simply referred to as congenital central alveolar hypoventilation. Overall, this book admirably fulfils its aims in giving a comprehensive clinical overview of the subject, presented alongside the relevant science. It can be strongly recommended to any clinician involved in the care of children with developmental and neurological disorders.

L J Carr

CORRECTIONS

doi: 10.1136/jnnp.2006.102731corr1

M P J Garssen, R van Koningsveld, P A van Doorn. Treatment of Guillain-Barré syndrome with mycophenolate mofetil: a pilot study. *J Neurol Neurosurg Psychiatry* 2007;**78**:1012–3. The authorship of this paper was incorrectly assigned to just three authors. The paper was actually authored by the entire Dutch GBS study group: MPJ Garssen, R van Koningsveld and PA van Doorn (writing group), ISJ Merkies, M Scheltens-de Boer, Erasmus Medisch Centrum, Rotterdam; JA van Leusden, Medisch Centrum Alkmaar, Alkmaar; IN van Schaik, Academisch Medisch Centrum, Amsterdam; WHJP Linssen, Sint Lucas Andreas Ziekenhuis, Amsterdam; F Visscher and AM Boon, Stichting Oosterscheldeziekenhuizen, Goes; CG Faber, Academisch Ziekenhuis Maastricht, Maastricht; J Meulstee and MJJ Prick, Nijmeegs Interkonfessioneel Ziekenhuis Canisius-Wilhelmina, Nijmegen; LH van den Berg and H Franssen, Universitair Medisch Centrum Utrecht, Utrecht; JAP Hiel, Sint Joseph Ziekenhuis, Veldhoven, The Netherlands; PYK van den Bergh and CJM Sindic, Clinique Universitaire St. Luc, Brussels, Belgium.

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doi: 10.1136/jnnp.2004.052654corr1

M C Obonsawin, S Jefferis, R Lowe, *et al*. A model of personality change after traumatic brain injury and the development of the Brain Injury Personality Scales (*J Neurol Neurosurg Psychiatry* 2007;**78**:1239–47). In figure 3 of this paper, panels A and B should be on the left hand side, and panels C and D on the right hand side. In addition, the lines for ''Social engagement'' and ''Emotional engagement'' on all panels should be in black.

doi: 10.1136/jnnp.2006.103739corr1

J Ludwig, P Remien, C Guballa, *et al*. Effects of subthalamic nucleus stimulation and levodopa on the autonomic nervous system in Parkinson's disease (*J Neurol Neurosurg Psychiatry* 2007;**78**:742–5). In figure 1, panels B, D and F, the symbols for ''before levodopa'' and ''after levodopa'' should be interchanged—that is, the triangles should be named ''before levodopa'' and the squares ''after levodopa''.