book is recommended for all those who are interested in neurobiology of higher cognitive functions, be they basic neuroscientists or psychiatrists.

PL LANTOS


The topic is clear. The editor defines subcortical dementia as a clinical syndrome characterised by bradyphrenia, impaired memory and executive function with mood and personality changes resulting from dysfunction of subcortical structures; the latter designated as white matter tracts connecting frontal lobe and subcortical nuclei. The problem is whether the condition exists. While the association of intellectual impairment with subcortical disease was proposed as early as 1861 by Charcot and Vulpian, and the term subcortical dementia was coined by von Stockert in 1932 when describing postencephalitic disease and was resurrected in 1974 by Albert and colleagues in a study of progressive supranuclear palsy, the identity of the condition remains controversial.

Dr Cumings has assembled a formidable team to plead his case. Diverse presentations, historical, clinical, neuropsychological, anatomical, neuroimaging, theoretical, conceptual and terminological are lucidly argued. It is also frankly conceded that very few diseases are exclusively limited to subcortical structures and the reservations of those who are unable to distinguish allegedly characteristic neuropsychiatric profiles are fairly presented and considered. Nevertheless a scholarly, historical view of the evolution of the concept by Mandell & Albert still leaves the question undecided. It would appear that despite the surfeit of comments and opinions there is still a remarkable paucity of meticulous serial, clinical and psychological assessments and neuropathological correlations. Until this information is available, and it will require patient and arduous labouring in the clinical fields, dispute will continue as well as the need for stimulating books of this kind.

GERALD STERN


David Cumings believes that the Gilles de la Tourette syndrome should be perceived as one clinical manifestation of an autosomally dominantly inherited neurobehavioural genetic disorder that may also cause attention deficit disorder and hyperactivity, obsessive-compulsive disorder, conduct disorder, dystonia, anxiety with phobias and panic attacks, alcoholism and drug dependency, eating disorders, pathological gambling and periodic behaviours such as rage attacks and the presmenstrual syndrome. This is in sharp contrast to the concept put forward some years ago by the Sharpios who considered Gilles de la Tourette syndrome to be a specific neurological disease and that tics are akin to other abnormal mental disorders such as dystonia and chorea. Despite the fact that Tourette Syndrome and Human Behavior was written with the lay reader and health or educational professional in mind it is a large tome containing 828 pages and 630 illustrations.

Comings confesses that it was conceived at a stage when his own ideas about Gilles de la Tourette syndrome were evolving and new biological information about the condition was flooding in. Instead of returning to his manuscript and shuffling the text to accommodate these changes he has heretically opted to add on new ideas and data as they became available giving the overall impression of a book with no beginning or end, ebbing and flowing on a fertile sea of popular science.

Comings fittings and capriciously over his subsequent writing chapters on neurogenetics with alcoholism and sexual deviancy with tryptophan metabolism; and somehow despite the impulsive helterskelter of thought the book makes enjoyable and informative reading. I was disappointed with the case histories which were terse and sterile and failed to portray any better than descriptive text would have done the difficulties experienced by patients with their problems. The book has a West Coast flavour to it and may not translate easily to a European lay audience. However, it reflects accurately Comings’s expansive genetic viewpoint about Gilles de la Tourette syndrome and well written with an air of awe which will read with avid fascination by physicians and others involved in the management and care of those with this long-neglected, distressing condition.

The second book, also published by Hope Press, is a moving account of a mother’s experience in coping with her son’s Gilles de la Tourette syndrome. It is written compassionately and conveys to a lay reader the horrific social traumas which Tourette syndrome may cause. It outlines the trials and tribulations resulting from the associated behavioural disturbances in a way which no textbook could, and the difficulties many families meet in attempting to obtain even a correct diagnosis, never mind appropriate treatment. The book contains a large number of helpful coping strategies for families and re-emphasises the old adage that having a name for one’s medical condition is a reassurance not just for the physician, but also for the patient, and a source of comfort and hope for relatives. Perhaps these two books should be sold together as a package as they complement one another extremely well. I now routinely recommend this book to parents of children with Tourette syndrome, most of whom have commented that they have found it a blessing rather than a frightening saga of what lies in store.

A J LEES


This volume is the latest in this series of monographs and is based on the meeting of the International Society for the Study of Brain Edema held in Baltimore, Maryland, USA in 1987. It is made up of 68 Papers and 22 Abstracts comprising presentations from over 200 contributors.

With increasing specialisation it is very difficult to keep abreast of all the developments that are taking place within the Neurosciences. The publication of series such as Advances in Neurology, ensures that the cutting edge of knowledge is at the tip of our fingers, and in this volume the editors have been particularly timely providing in this volume with a comprehensive amount of information of a clinical, investigative and an experimental nature. The importance of brain edema is stressed by the frequent occurrence of traumatic brain injury, the following stroke, trauma and in association with tumour. In spite of modern non-invasive investigative techniques it remains somewhat of an enigma, although an increasing amount of knowledge about its pathogenesis is providing a more rational basis for therapy. The complexity of brain edema is shown by the large number of laboratory studies that report the diverse mechanisms and mediators of edema. Such understanding provides the basis for pharmacological intervention, the range of therapies now including calcium channel blockers, osmotic agents and steroids.

Although the information within this volume is dated by several years it nevertheless brings together a wide ranging literature that provides a comprehensive review for both expert and non-expert alike and as such is a ready source of reference material. Dr Long is to be congratulated on standardising the text of the various contributions most of which are well written and concise. It is therefore easy to recommend this additional volume to neuroscientists.

D I GRAHAM


The title of this short book may be unfamiliar to many readers. SAQ’s stands for Short Answer Questions, which come midway between multiple choice questions and essays and are now part of the MRCPsych examination. Each SAQ should be completed in about 5 minutes so it is important for candidates to have knowledge at their fingertips and to be able to express it succinctly.

In this short book Dr. Bhugra gives the answers to nearly 300 questions in SAQ format and these are accompanied by notes on the rationale of the correct answer. SAQ’s and key references from books and journals. Nearly half of the book is concerned with questions on general psychiatry but there are separate sections for each of the major relevant specialties, including neuropsychiatry, psychology, statistics and the psychiatry of mental handicap. The book is nicely laid out and the model answers are succinct and generally comprehensive. I found it a useful tool to perform the Hospital Anxiety and Depression Scale is not an observer inventory—and the description of frontal lobe syndrome omits the specific clinical features and concentrates only on personality and mood change. However, minor errors are almost always unavoidable in books of this nature and could easily be ironed out in subsequent editions.