
Although there are many areas of neurology where disease classification is in its infancy, syndromes attributable to mitochondrial abnormalities are the most nascent in this regard. This book aims, and largely succeeds, in assimilating a huge volume of data which tries to correlate biochemical, clinical and molecular defects. From migraine to myopathy and peripheral neuropathy to Parkinson's disease there are few areas for which a mitochondrial aetiology has not been sought, and even fewer to which an acronym has not been assigned. MEOP, MNGIE, MIMyCa and NARP are perhaps less well known than LHON, MERRF and MELAS to name but a few. The inescapable bottom line is well pointed out by Lewis Rowland in his excellent chapter which attempts to synthesise the field: the same mutation can cause a varied phenotype and yet the same phenotype may be associated with a variety of mitochondrial DNA abnormalities.

In seeking to approach this problem from different angles there is inevitably a degree of repetition. Some of the chapters are more useful to molecular biologists and neurochemists within the field and yet there is much here for the interested clinician. However, whilst occasional photographs of gels may illustrate points, the absence of a single ragged red fibre is rather an oversight. Perhaps we have all seen enough of these beasts but a chapter on the pathology of mitochondrial disease would have been useful. Having said this, there are some excellent diagrams and tables which sum-up current research and allow the non-molecular biologist to understand some of the intricacies of these difficult but important disorders. Overall this is a unique and invaluable book for all those interested in mitochondrial diseases.

John Zajicek


After decades of neglect, the last twenty years has seen a blossoming of interest in dementia and principally in Alzheimer's disease. Excellent though the late Professor C E Wells book on dementia, is the recent rapid advances in research methodology, principally in molecular biology and in imaging techniques, mean that a replacement is timely. The editors (two academic psychogeriatricians) "aim to encompass in a single volume, all aspects of all types of dementia", a Herculean task. They admit that they could not hope to succeed in such an aim and have therefore concentrated on "providing a solid core of information which is likely to remain part of the main stream view of the field." Let us see if they have achieved this aim.

The book is divided into two main sections, dementia of Alzheimer type and non-Alzheimer dementia. Considering the large number of authors, there is little repetition. There are some excellent sections in the Alzheimer section and I would recommend the overview by Absher and Cumming on cognitive and non-cognitive aspects of dementia. The chapters on cholinergic and non-cholinergic neurotransmitter systems as well as the careful and detailed chapter on the molecular pathobiology of Alzheimer's disease are excellent. The chapters on the assessment of memory failure and dementia are thorough and well referenced but the section on imaging is disappointing. The chapters on computed tomography and neurophysiology exemplify the dictum that experts should write on their own subject.

However, the first two-thirds of the book, the section on Alzheimer's disease, deals only with the elderly patient. Alzheimer's original patient was 51 and this is acknowledged but then the younger demented patient is ignored. This is particularly true in the section on services. The chapter on services in the U.K. does not mention the younger patient nor does it mention the services provided by voluntary organisations and it does not reflect the situation in the U.K. as I know it.

The last third of the book describes the non-Alzheimer dementias. There is a lucid account of vascular dementia by O'Brien and a chapter on pathophysiology of vascular dementia by Brun. He regards Binswanger's disease as identical with état lacunaire, a concept with which many British neurologists would disagree. Towards the end of the book, almost as an appendage, are chapters on unusual causes of dementia. These are the chapters of most interest to neurologists. Perhaps in a later edition these chapters together with the excellent chapter on prion diseases could be expanded and placed earlier in the book. As it stands, the balance seems wrong, too little attention is given to younger patients and to non-Alzheimer causes of dementia and yet it is these patients who deserve accurate diagnoses and for whom a different management might be appropriate. The indexing and proof reading is careless—look up the nomenclature of Binswanger's disease and you would be directed to Page 624, which is blank.

So have the authors succeeded in their aim? For geriatricians and psychogeriatricians this book will become the standard reference book. For neurologists however, this book has serious flaws and does not achieve its potential. Perhaps it will if there is a second edition.

John Greene


The neuropsychiatry distinction is being rendered obsolete by strident advances in neuroscience. Basic neuroscience and clinical neurology have much to offer each other, and this book, written by distinguished neuroscientists and clinicians, aims to increase cross-fertilisation.

The broad areas of study are the dementias, motor disorders, epilepsy and the psychoses. Within these areas, all of the major diseases are covered.

Each main disease has a chapter in which neurosience and clinical aspects are seamlessly integrated. Chapters follow the same overall structure of clinical features, pathology, investigation and treatment. Pathological and imaging illustrations are of high quality, while the accompanying text is a distillate of current thought, clearly explained for those new to the area.

It is difficult to fault the book. If pushed to do so, there is little regarding the role of neurophysiology in diagnosis and disease staging. The reference section is also somewhat brief. Advances, such as the role of superoxide dismutase in motor neurone disease, and the trinucleotide repeat sequences in the diagnosis of Huntington's disease, have occurred too recently for inclusion.

The book is likely to succeed in its aim of breaking down boundaries between neurology and psychiatry, and between clinical and basic neuroscience. Its major value in introducing the clinician and neuroscientist to the other's discipline.

CHRIS VERITY

CORRECTION

Anderson M. Management of cerebral infection. J Neurol Neurosurg Psychiatry 1993;56:1243–1258 (neurological emergency). The dosage of dexamethasone should be 0-15 mg/kg body weight every six hours for four days.