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Leiguarda et al reply:

We appreciate Okuda and Tachibana's comments about our paper on apraxia in corticobasal degeneration¹ because they enable us to clarify the status of limb-kinetic apraxia, a point which is particularly relevant for the clinical interpretation of the apractic disorders in patients with corticobasal degeneration.

Limb or melokinetic apraxia (originally called "innervatory apraxia" by Kleist²) was considered by Liepmann to be a form of limb apraxia due to the loss of "kinaesthetic-innervatory engrams" secondary to "sensorimotor" damage.³ The disorder is characterised by clumsiness in the performance of fine motor acts by the hand contralateral to the hemispheric damage. All types of movements including gestures, regardless of whether the patient creates or imitates them, become "uncouth, clumsy, inexpert, and preceded by fruitless attempts which only bring the wrong muscles into play."⁴

The status of limb-kinetic apraxia has been debated⁵ for over three decades. Most authors have refused to consider symptoms connected with limb-kinetic apraxia as apractic.⁶ Geschwind disregarded it completely⁷ and Rothi et al failed to include limb-kinetic apraxia in their neuropsychological model of limb praxis.⁸ Brain concluded that it is simply a partial symptom of pyramidal tract lesion,⁹ a view also shared by Ajuriaguerra and Tissot,¹⁰ Hecaen and Rondot,⁶ and Mesulam.¹¹ De Renzi in particular contends that "limb-kinetic apraxia has never been described with sufficient accuracy to be distinguishable from a mild form of paresis and to gain acceptance by neurologists."¹² In support, monkeys with lesions restricted to the corticospinal tract show similar errors.¹³

This may be an extreme view of limb-kinetic apraxia. Liepmann's definition of apraxia may be summarised as a deficit in the performance of purposeful skilled movements, in the absence of elementary motor (weakness, akinesia, abnormal posture, or tone) or sensory deficits, or of impaired comprehension or memory.³ The disruption of movement seen in lesions of the corticospinal pathway, or as seen in Parkinson's disease, can seldom be fully explained by weakness, akinesia, abnormal posture, or tone. There is additional breakdown of the movement pattern or formula—Liepmann's innervatory engram—that suggests a higher motor disorder or apraxia. This is exactly what is seen to a pronounced degree in corticobasal degeneration, particularly in the initially affected limb. To this extent we agree with Okuda and Tachibana.

We deliberately employed standardised tests for ideomotor and ideational apraxia, however, and concentrated on the less affected limb. We did not explore the contentious topic of limb-kinetic apraxia, because it is such an uncertain area.

Nevertheless, we agree that patients with corticobasal degeneration characteristically exhibit a higher order motor deficit in their more affected limb, which we would be happy to call limb-kinetic apraxia if others would allow the term! Our study also shows that many patients with corticobasal degeneration likewise fail tests for ideomotor apraxia, a failure that we do not think can be explained by limb-kinetic apraxia alone.

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- 3 Liepmann H. Apraxie. *Ergebnis gesamte Medizin* 1920;1:516-43.
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Transient epileptic amnesia—a clinical update and a reformulation

In relation to the interesting article by Kapur¹ on transient epileptic amnesia, I would like to remind your readers of some of the published work related to such findings. Thus experimental studies, using either intracarotid sodium amytobarbitone or electrical stimulation for diagnostic purposes on epileptic patients, have shown associations between the temporal lobe of the hemisphere dominant for speech and both memory and consciousness.^{2,3} It is important to keep this in mind when discussing the anatomical and pathophysiological basis of amnesic phenomena, transient or otherwise.

EA SERAFETINIDES

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- 2 Serafetinides EA, Hoare RD, Driver MV. Intracarotid sodium amytobarbitone and cerebral dominance for speech and consciousness. *Brain* 1965;88:107-30.
- 3 Serafetinides EA, Walter RD, Cherlow DG. Amnesic confusional phenomena, hippocampal stimulation and laterality factors. In: Isaacson RL, Pribram KH, eds. *The Hippocampus* Vol 2. New York: Plenum Press, 1975:363-75.

NOTICE

The winter meeting of the **British Neuropsychiatric Association** will take place in the Conference Theatre London Zoo, on 20 January 1995. The subject will be *the neuropsychiatry of vascular disease*. For further information please contact Sue Garrett, Administrative Assistant BNPA, 17 Clocktower Mews, London N1 7VU, UK. Telephone/fax 071-226 5949.

BOOK REVIEWS

All titles reviewed here are available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the United Kingdom and for members of the British Forces Overseas, but overseas customers should add £2 per item for postage and packing. Payment can be made by cheque in sterling drawn on a United Kingdom bank, or by credit card (Mastercard, Visa or American Express) stating card number, expiry date, and your full name.

Manual of Psychiatric Emergencies (third edition). Edited by STEVEN E HYMAN and GEORGE E TESAR. Publisher: Churchill Livingstone, Edinburgh 1993. (Pp 354; £21.95.) ISBN 316387282.

When the Editor sent this little book to me for review my first response was "Oh dear, another psychiatric vade-mecum". Other texts about psychiatric emergencies suggest that authors often have difficulty finding enough to say about psychiatric emergencies, with the result that what emerges is a short textbook of psychiatry rather than a text more precisely focused upon emergencies. That can only be done from the perspective of a casualty officer. That is exactly what these authors have achieved by compiling the views of some thirty contributors most of whom, one suspects, have had significant experience of being on-call in a busy modern general hospital.

The initial section is a series of contributions providing practical and explicit guidance about the assessment of different presenting problems; The Emergency Psychiatric Evaluation, with special emphasis upon neuropsychiatric evaluation, Crisis, The Suicidal Patient, the Violent Patient, Acute Grief and Disaster Victims, Families

in Crisis, children and the elderly. The second section outlines a number of special areas of concern; Legal Issues, Domestic Violence, Child Abuse, Rape, Homelessness and the patient with mental retardation. These chapters include advice about the legal implications of these areas; extremely valuable but of limited application as it refers exclusively to US Law, but a model of what could be provided for other nationalities. The section dealing with explicitly psychiatric emergencies is a mere 80 pages long; less than a quarter of the whole book, and this is what is so refreshing. True psychiatric emergencies are relatively rare but situations in which distressed people come to casualty are common, and this book makes no bones about the value of particular expertise in being able to deal with them optimally.

The book also includes a section about medical-psychiatric emergencies and an invaluable short pharmacopoeia covering drug overdoses and dose equivalents of common psychotropic agents. Again this section betrays its country of origin but otherwise loses nothing.

My only significant criticism of this publication besides the inescapable specificity of its legal advice is its presentation. This is a reference book for the casualty department, and as such should be robustly presented so that it can survive repeated thumbing by repeated shifts of casualty officers. In its present flimsy ring-bound form a single copy would barely survive a busy Friday night, although its advice would be invaluable.

HUGH MIDDLETON

Cerebrospinal Fluid in Neurology and Psychiatry. Edited by H MCCONNELL and J BIANCHINE. Published by Chapman and Hall, London 1994. (Pp 322; £45.00.) ISBN 0-412-53570.

It is just over 100 years since Quinke first introduced lumbar puncture for the measurement of CSF pressure, cell count, protein and glucose, and for many physicians there has been little advance in examination of the "animal spirit". Since there are already a number of well established texts on cerebrospinal fluid, the authors' intention is to focus on the neurochemistry of CSF and on potential new diagnostic markers.

The text covers the anatomy, physiology and normal constituents of CSF, the findings in a selection of neurological and psychiatric diseases and this is followed by an exuberance of references.

Contrary to their stated intentions, the authors have striven for comprehensiveness, and appear to have paid the price in superficiality and lack of incisiveness. Benign intracranial hypertension for example is discussed in under two pages, but without a discussion of CSF pressure in the normal obese subject, which might lead to confusion. Lactate levels are mentioned in passing as being raised in Kearns Sayre syndrome but there is no mention of the more recently described mitochondrial cytopathies and fatty acid oxidative pathologies, nor of the diagnostic utility of feeding,

fasting or exercise in these conditions. Abnormalities of ammonia are not discussed.

The book's strength lies in its often theoretical discussion of the neurochemical findings in a limited range of neurodegenerative and psychiatric diseases, little of which is of practical benefit to the clinician on the wards who might therefore be advised to use one of the established texts for the management of their patients. In the search for data on the neurochemistry on neuropsychiatric and neurodegenerative diseases, this text would be a good place to start.

JON SUSSMAN

Snoring and Sleep Apnoea—Personal and Family Guide to Diagnosis and Treatment. Edited by RALPH A PASQUALY MD and SALLY WARREN SOEST. Published by Raven Press, New York 1994. (Pp 254; \$24.00). ISBN 0-78170136-8.

Snoring used to be considered to be a joke but recently many snorers have become worried that they may have a potentially dangerous disorder since snoring is now known to be a symptom of obstructive sleep apnoeas and this condition is associated with an increased risk of hypertension, strokes, myocardial infarctions and premature death. This book is aimed at these snorers and their families. It is written by a Doctor who runs a Sleep Disorders Centre and a partner of a patient with sleep apnoeas. This combination has produced a comprehensive overview of snoring and sleep apnoeas which is written in an informal style. Most of the opinions are well balanced although some statements such as that 20 million people in the USA have sleep apnoeas and that two to three thousand of these die suddenly each year at night because of it are contentious.

The book has been written for an American audience but much of it is applicable to the United Kingdom except the last few chapters on funding and how to choose your Sleep Centre and Sleep Specialist. The sections on surgical treatment and nasal continuous positive airway pressure (CPAP) treatment are particularly useful. They enable the patient to feel their way through what can be a confusing subject and the authors have quite rightly put forward the advantages and disadvantages of each treatment for each of the different clinical situations without favouring any one technique overall. The book does not contain many illustrations but those that are included are clear and helpful. Many Doctors and other Health Care workers as well as snorers and those with sleep apnoeas will obtain a better understanding of these disorders and their management from reading this book.

JOHN SHNEERSON

Alzheimer Disease. Editors: ROBERT D TERRY, ROBERT KATZMAN, KATHERINE L BICK. Publishers: Raven Press, New York 1994. (Pp 490; \$175.50). ISBN 0-7817-0081-7.

With the shelves of libraries and booksellers alike beginning to groan under the strain of texts relating to Alzheimer's disease and other causes of dementia the arrival of a further weighty contribution might seemingly be neither warranted nor welcome. Such a view would however be premature. This volume stands out as a shining example of readability and is a fitting testimony to the past three decades of research effort in this field. It follows on from an earlier literary landmark of the editors published by Raven Press some 15 years ago. Although the 457 pages, divided into 28 chapters are produced by a multiplicity of authors, almost entirely from North America, the style is uniform and the emphasis even. The text is clearly understandable to the expert and novice alike, is informative and most importantly in this rapidly moving field, up to date. Indeed the inclusion of the year's "big story" concerning Apolipoprotein E4, by Katzman himself, is witness to this. The full gamut of disease history, clinical expression, pathology, biochemistry and molecular genetics is covered and each chapter well written and comprehensive. My one major complaint would be the almost complete lack of consideration of the role glial cells might play in either producing or promoting the disease process. Such an omission is particularly notable given the recent attention to the possible action of astrocytes and microglial cells as "inflammatory mediators" in an acute phase response and the possibility of treatment with anti-inflammatory agents. Minor quibbles would include more concern for the role of complement factors and proteoglycans in plaque formation and the ways in which prion disease and Down's syndrome might help in clarifying the process of amyloidosis and plaque formation. A further irritation is the Transatlantic habit of relegating nouns to adjectives, poor Alois Alzheimer following along a path already well beaten by Arnold Pick and John Langdon Haydon Down. Alzheimer's disease was a good enough eponym for Kraepelin in 1910; I see no need to abbreviate in 1994. Indeed the reverse might be justified, given the aetiological heterogeneity of the disorder, producing the title "Alzheimer's diseases!"

Nonetheless, it gives me pleasure to recommend this book to all interested in the field of dementia research. The price at \$175.50 is no snippet though the quality of its presentation and content should ensure a sufficiently long shelf-life.

DMA MANN

CORRECTION

Leigh PN, Ray-Chaudhuri K. Motor neuron disease. *J Neurol Neurosurg Psychiatry* 1994;57: 886-96 (neurological management).

In the second paragraph of the second column, p. 890 "... median survival being about 22 years" should read "median survival being about 22 months."