placed infarcts, lacunar infarcts in the deep grey and white matter, extensive ischaemic white matter damage and a combination of these. The problem is, of course, that without a brain biopsy all these patients may have coincidental Alzheimer’s disease.

White matter lesions receive a lot of attention, particularly in its clinical presentation. Alzheimer’s then their contribution to the dementia is likely to be restricted. If, on the other hand, the patient has less profound impairments in episodic memory, more dementia and a gait disturbance, then the white matter lesions (which may be due to vascular disease) are probably pertinent to the clinical presentation.

Binswanger’s disease remains a mystery. If the ischaemic demyelination is due to hypoperfusion of the white matter why haven’t we got eloquent PET data to show high OEF and low CMBRO2?

Cummings has written a useful chapter on the clinical characteristics of patients with presumed vascular sub-cortical dementia. Subcortical damage arises from small vessel disease may give rise to sub-cortical (with multiple subcortical lacunae infarctions) or Binswanger’s disease (see above). Subcortical dementia is distinguishable from Alzheimer’s disease by its clinical features. These patients demonstrate slow rather than impaired cognition, forgetfulness rather than amnesia, executive dysfunction and mood and personality alteration. These alterations include loss of initiative, diminished drive, apathy, poor insight and eventually profound apathy. Furthermore they develop a characteristic frontal gait disturbance often with focal signs such as extensor plantar responses.

Haan and coworkers from Leiden provide a succinct and useful review on cerebral amyloid angiopathy. This condition can present with a broad spectrum of clinical and radiological manifestations including dementia, cerebellar and cerebral haemorrhage, subarachnoid haemorrhage and white matter disease. The controversy concerning its role in Alzheimer’s disease is reviewed and referenced.

The chapters are occasionally repetitious, the subject index is rudimentary and this special issue of Dementia never exceeds the sum of its parts. Its parts, however, are occasionally very good and the contributions from Hachinski, Cummings and Erkinjuntti are outstanding.

J P H WADE

Stroke in Children and Young Adults. By JOSE BILLER, KATHERINE D MATHIES and BETSY B LOVE. (Pp 259 £55.00) Published by Butterworth Heinemann, Oxford 1994. ISBN 0-7506-9203-0.

Young people are not expected to have strokes and the admission of a young stroke creates more diagnostic activity and therapeutic interest than the usual mesiatric and geriatric patients with strokes. Young stroke victims do not have a different list of causes for their strokes from their seniors but the same ingredients in different proportion. Clinicians are disappointed in themselves when no cause is found in 20-30% of young stroke victims, though less concerned by the similar number of middle to old aged stroke patients in whom no cause is apparent. In young patients without a cardiac cause or atherosclerosis, physicians are rightly concerned by the possibility of thrombophilic disorders or non-atherosclerotic vessel disease of which they feel they know rather too little.

The main purpose of this slender but densely packed book is to relieve this diagnostic uncertainty. There are lots of facts here and a few references per chapter (range 69-268). However, there could have been more attention paid to providing the information in a more practically useful form, so that the wood can be seen from the trees. At least Katherine Mathews tries to reassure her readers in the chapter overviewing stroke in children and neonates that many items on her “laundry list” of causes of ischaemic infarction in children “can easily be eliminated in a given patient”. There are a lot of laundry lists in this book, some rather superfluous such as the names of all the cerebral “sinovenous structures” in the chapters on cerebral venous thrombosis where there is a useful review of the anti-coagulants. Some of the chapters, such as that on neonatal intracerebral haemorrhage are of purely paediatric interest. Others, such as that on subarachnoid haemorrhage cover ground as well or better covered in more general books on cerebrovascular disease.

The practical value of the book is not improved by an underusage of subheadings to break up large sections of text and the absence of any line diagrams (essential when explaining the thrombophilies), though there are well reproduced x ray and scan photographs. There are too many repetitions, for example haemostatic defects get a chapter on their own but many are mentioned again in some detail in the chapter on rare genetic causes of stroke. Mitral valve prolapse is well covered in the chapter on cardiac disorders and stroke but again reviewed along with some other cardiac disorders in the genetic disorders chapter.

Many neurologists will be surprised to see migraine listed as a rare genetic cause of stroke, whilst there is a separate sensible chapter devoted to migraine and cerebral infarction, which approaches this difficult topic with a lot of good sense.

Notwithstanding these criticisms, this book should be helpful to those caring for young stroke victims, since most of the information required is here and one’s reference manager can be loaded with the sources of any further details one may ever require.

CHRIS ALLEN


Over the past 20 years radiological advances have transformed the everyday practice of neurology. This chapter on functional imaging on neuropsychology, the subject of Images of Mind, promises to be just as profound.

Written by two of the doyens of the field, this book is an invigorating canter through the common ground between cognitive and neuroscience. Cognitive science uses the methods of psychology to dissect mental operations, such as the act of reading, into their component processes. The use of such dissections to guide the design of studies in functional imaging creates a powerful tool to explore the neural basis of our mental life. Simple experiments have proved revealing: subtraction of the activity set up by looking at an unpronounceable consonant string from the response to a plausible “pseudo-word”, for example, provides a wealth of intriguing data.

Posner and Raichle concentrate on the three areas in which the combination of psychological analysis and functional imaging has won its spurs: vision, language and attention. They accept that functional imaging—whether by PET or MRI—is frustratingly slow: it relies on secondary changes in blood flow in areas of active brain, which take seconds to develop, while complex psychological operations can be completed in under a second. An interesting chapter discusses the use of event related potentials, which can track neural activity as it evolves, to complement the results from imaging studies.

Written in a semi-popular style the book is accessible, and well illustrated, but best read an hour before bed: there are data here and to tax your circulatory gyri. Its title is provocative but apt: Posner, Raichle and their colleagues worldwide have been remarkably successful in giving “to siring nothing a local habitation and a name”.

ADAM ZEMAN


These books join a growing stream of publications on neurological rehabilitation. They have different strengths but similar shortcomings. Neither book coherently describes the distinctive contribution made by physicians to rehabilitation assessment and therapy (which is in any case since most of the contributors are medically qualified). Good and Couch begin promisingly with a chapter on clinical assessment but this proves to be a description of the neurological routine rather than a functionally-oriented account. Nevertheless Good and Couch’s is the more pragmatic of the two books and can function as a brief reference text. It is a comprehensive index and has useful sections on many topics directly relevant to clinical practice.

Illis’s book is less systematic and perhaps more interesting as a result. The book’s first edition was a pioneer in this act and the new version is enlarged and enhanced. Its theoretical bias has produced good chapters on topics such as nervous system recovery, plasticity and spasticity but also some less satisfactory material. Rehabilitation comes across as a process which happens to nervous

In the last few years headache has become big business, though the British neurologi-
cal establishment, unlike its pharmaceutical industry, has perhaps been slow to rec-
nalise this. The size of the clinical problem, and thus the market for new drugs has
directed enormous energy and effort into both basic and clinical research. This tends, for
example, to lead to the characterisation of multiplicity of different serotonin receptors,
and it is distinctly possible that this will ramify into the pharmacology of mental and
addictive diseases.

To counteract the ever increasing scale of free communication meetings in this field,
Professor Jes Olsen has been arranging annual working weekends in Copenhagen
on a defined topic. The proceedings of the 1993 meeting, on the Classification and
Epidemiology of Headache, have now been published as this book.

The book is an attempt to consolidate available knowledge both of the validity of
the 1988 International Headache Society (IHS) classification and of the prevalence and
deblurring effects of headache syndromes in the general population.

Recent studies of the prevalence of migraine using IHS criteria, in populations of
different ages and in different places are reviewed extensively, and some also include
cluster headache and tension-type head-
ache. So called secondary headaches (for
example, those associated with fever, head
injuries, stroke, and neck, eye or sinus dis-
ease), where there are SETICAL clues to
justify the subdivisions are also discussed.

The contributors acknowledge, but do
not seem to come to terms with, the central
problem of diagnosis in a disease with
setiological markers or even as yet any seri-
ous therapeutic studies to establish the true
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cal clinical context. While it is flattering to
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Neurosurgical Emergencies, Volume I. Edited by Christopher M Loftus. (Pp 233
$99.00.) Published by The American Association of Neurological Surgeons,

Neurosurgical Emergencies, Volume II. Edited by Christopher M Loftus. (Pp 411
$90.00.) Published by The American Association of Neurological Surgeons,

Neurosurgical Emergencies comprises two volumes and is one of the Neurosurgical
Topics series published by the American Association of Neurological Surgeons. It
gives a comprehensive overview of the management of acute neurosurgical
conditions.

The common neurosurgical emergencies such as the review of haemorrhage and
acute hydrocephalus are all covered as well as rarer topics such as pituitary apoplexy.
There is not a specific chapter on closed

head injury which I think would have been
useful but instead the various aspects—for
example, intracranial monitoring, haematomas and cerebral herniation—are
covered in separate sections. The chapters on hydrocephalus and shunt malfunction
contain useful practical techniques. I thought that some of the algorithms are
unnecessarily complex but those relating to the management of spinal injury are helpful.
The book is well indexed and the references are comprehensive but not always up to
date. It also contains a multiple choice self
test.

On the down side, it is not clear why two
volumes are necessary as each volume is
relatively slim. Although summaries are pre-

cised in most of the chapters they are not
universal and I think numbered key points
would be a useful addition. There is also
discrepancy in chapter length. For example,
more pages are devoted to the rare, albeit
interesting, topic of acute bony decompre-
sion of the optic and facial nerves than to
that most fundamental of neurological
emergencies, subarachnoid haemorrhage.
More specifically, several sections of the
text discuss pre-CT burrholes which rarely
have a place in modern neurological
management. The chapter on emergency
surgery for stroke is written with prophylax-
isis of stroke and its inclusion in this book
is surprising.

Overall, I think these volumes are a use-

ful guide to the management of neurosurgi-
cal emergencies and I would strongly
recommend them to neurosurgical trainees.

PETER HUTCHINSON

Progressive Supranuclear Palsy: Diagnosis, Pathology and Therapy.
Edited by E Tolosa, R Duvoisin and F F Cruz-Sánchez. (Pp 292.) Published by

Progressive supranuclear palsy (PSP) has only been recognised as a separate entity
since the work of Steele, Richardson, and
Olszewski in the 1960s. This book has been
aimed at a clinical audience, and its title
would indicate a comprehensive coverage of
the major aspects of the disease. The book
follows a convention set at the 1986 meeting
in Barcelona in 1992, thus many of the contrib-

ations are the proceedings of that meeting and tend to reflect research interests rather
than clinical data. It is a useful distillation
of the most recent work in this disease.

Those with some familiarity with the lit-

erature on PSP will no doubt recognise
many of the contributors, and their chap-
ters. The chapter relating to the search
response was previously published in Brain
in 1992, and a number of other chapters have
been duplicated from Litvan and Aigard's book on PSP published in the same
year. In addition, it is apparent from some
of the research produced that correlation between clinical or investigative find-
gings and pathological confirmation of the disease has not been achieved. The chapter dealing
with vascular progressive supranuclear palsy
suffers particularly in this regard. The chap-
ters dealing with pathology and epidemi-
ology are very well written. Although the
book purports to address therapy, this sec-
tion only warrants 16 pages, and concerns

two small clinical trials of muscarinic and
a2-adrenergic agents. Other agents are not
fully discussed. A more serious omission is
the lack of any mention of drug thera-
pies such as physiotherapy, occupational
therapy, and the frequent co-occurrence of
depressive symptoms. In contrast, although
its relevance to practising clinical neuro-
ologists is somewhat unclear, this section
relates to levels of various neurotransmitters in brain and cere-
brospinal fluid.

A few of the contributions are peppered
with frequent typographical and grammatical
errors which interfere with the reading of
what are otherwise learned descriptions of
important work.

Lastly, this book lacks a succinct sum-
mary of all the work by the various authors
which is unfortunate given the numerous
areas of expertise attributable to each.

THOMAS ESMONDE

Headache Classification and Epidemiology. Editor JES OLSEN. (Pp 415

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