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## BOOK REVIEWS

### The whole picture of dementia: seeing the elephant in the room

Edited by Julian C Hughes, Stephen J Louw, Steven R Sabat. Published by Oxford University Press, Oxford, 2005, £75.00 (soft cover), pp 302. ISBN 0-19-856614-X

There's an old story about three blind men who encounter an elephant in a field. Each man touches a different part of the creature—its side, its tusks and its trunk—and misidentifies the elephant. This truncated version of a classic parable reminds us that we often fail to create the time in our own lives (and in our professional journals) to share the stories that remove our own intellectual blindness and view our world in its full complexity.

In *Dementia: mind, meaning, and the person*,<sup>1</sup> we are reminded that western medicine, which dissects the universe into smaller, more easily studied parts, is often guilty of the myopia of the three blind men; when considering patients with dementia in our care, rarely do we see the whole elephant in the room. Biological reductionism can provide some relief from disease,

but as Michael Bavidge writes in chapter 2, “The shape of a human life ... is not purely biological matter” (p 42). By ignoring the totality of the human illness experience, western medicine often fails to treat the entire person. As the editors argue, “What is required is whole sight. People should be treated as wholes, with attention not only to their biology, but also to their psychology, their social and ethical concerns, and the cultural and spiritual aspects of their lives” (p 4).

Dementia is a process that raises crucial questions about our attitudes to illness, ageing and even personhood itself. This erudite volume explores those questions in great depth, laying out not only a theoretical framework for comprehending the changes wrought by ageing of the brain but also an ethical framework that reminds us to respect the lives of the deeply forgetful and not to allow our moral understanding to flag as the patients undergo a slow metamorphosis.

Readers will also find helpful practical guidance in the volume. Strong emphasis is placed on the merits of narrative medicine as a method that can be used to create multi-dimensional models of health and illness while simultaneously remembering the individual. Indeed, in Cleveland, we are launching StoryBank—a community digital multimedia repository of patient narratives (memes) of illness that will be processed in parallel with tissues and extracted DNA (genes) in our BioBank—which is predicated on the same principles enumerated in this volume. The book teaches that, even from a purely biological perspective, genes must be viewed as evolving structures that interact with environment over time. Hence, our call for holism in dementia scholarship is one echoed in the book: an integrative–evolutionary–narrative medicine that appreciates how genes and memes interact in social and natural environments throughout history to create the individual and collective stories of age-associated cognitive challenges. The book also emboldens us to consider profound paradigm shifts in our understanding and attitude towards dementia. Perhaps we should abandon the concept of Alzheimer's disease: a stigmatising and arguably clinically misleading label that reduces an ageing person's story to a purely scientific framework. This year, the 100th anniversary of the first case report on Alzheimer's disease, offers us a chance to reflect deeply on the eponym and imagine richer stories of ageing of the brain than the quest for magic bullets and neurological immortality.

From the book, we took the lesson that today's healers must widen their perception to include the “elephant in the room” rather than view patients as having degenerating brains. George Lakoff *et al*<sup>2</sup> have suggested in their book *Don't think of an elephant* that partisan political discourse should be reframed conceptually and linguistically; here, we agree with the authors of this fine volume that our discourse about dementia must think of the whole elephant.

**Peter Whitehouse, Danny George,  
Sylvia Krinsky**

## References

- 1 **Hughes JC**, Louw SJ, Sabat SR. *Dementia: mind, meaning, and the person (International Perspectives in Philosophy and Psychiatry)*. 2006.
- 2 **Dean H**, Lakoff G, Hazen D. *Don't think of an elephant: know your values and frame the debate: the essential guide for progressives*. 2005.

## The Clinical Neuropsychiatry of Stroke, 2nd edn

Edited by Robert G Robinson. Published by Cambridge University Press, Cambridge, 2006, £85.00, pp 453. ISBN 0-521-84007-4

*The Clinical neuropsychiatry of stroke* is the most comprehensive textbook ever published on the neuropsychiatric complications of stroke. The practical relevance of the information included in this text is illustrated by the finding that depression is one of the strongest predictors of disability and mortality after stroke, whereas anosognosia is a strong predictor of poor improvement after rehabilitation. This second edition was published 8 years after the first, and the amount of new information included makes it almost a different book.

To name just a few of the new additions, there is a thorough discussion on the problems of diagnosing depression in patients with stroke, a new section on transcranial magnetic stimulation treatment, and a new chapter on the pharmacological prevention of post-stroke depression. The book also includes a number of empirical studies carried out by Professor Robinson's research team, which have not yet been published. Among other interesting studies, there is an analysis on the specificity and sensitivity of psychological and autonomic symptoms of depression in a large series of patients with stroke, a comparison of inclusive versus substitutive approaches to diagnose depression in stroke, a new study on the association between depression, cognitive deficits and response to antidepressant treatment, a comparison of cognitive deficits in early versus late-onset post-stroke depression, and the results of a pharmacological treatment study of anosognosia after stroke.

The discussion on the phenomenology, prevalence, assessment, course, clinical and biological correlates, outcome and treatment of depression after stroke covers about half of the book. The remaining half provides a detailed description of other neuropsychiatric conditions of stroke, such as mania, anxiety disorders, psychosis, anosognosia, catastrophic reaction, apathy, aprosody, irritability and aggression, and emotional lability. Being a single-authored book, there are virtually no overlaps between chapters. The case vignettes are very illustrative and the many figures helpful.

In conclusion, Professor Robinson has written the most comprehensive and didactic textbook on the neuropsychiatric disorders of stroke. This book is not only a necessary lecture for anybody involved in clinical care and research in stroke, but sets a standard on how to write textbooks on neuropsychiatric disorders for other neurological disorders as well.

**Sergio E Starkstein**

## CORRECTION

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I Kleffner, E B Ringelstein, P Young, *et al*. Susac's syndrome: effective combination of immunosuppression and antiplatelet treatment (*J Neurol Neurosurg Psychiatry* 2006;**77**:1335). The last author of this article is P Young and not T-U Niederstadt as published. The correct author list is therefore: I Kleffner, E B Ringelstein, N Stupp, T-U Niederstadt, P Young. We apologise for this error.