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Physical Medicine and Rehabilitation Principles and Practice - 4th edition

You may find a few specialities with blurred boundaries or disagreements about the way they are practised in different places. But for a speciality that cannot even agree on its name, that must be an indication of a serious identity crisis. What we know here in the UK and Australia as Rehabilitation Medicine is called Physical and Rehabilitation Medicine in continental Europe and Physical Medicine and Rehabilitation in North America. The different names reflect different ways of practice, commissioning and philosophy. This problem didn't just affect clinicians being unable to practice freely in different countries or finding it difficult to collaborate in training and academic activities, but it also made it difficult to agree on the standard textbooks, as they can feel like they are dealing with a different speciality depending on where they were published.

During my training I tried to find that definite Rehab textbook. De Lisa seems the perfect answer, but with 1926 pages and 88 chapters, I always felt intimidated by it. At last I have managed to overcome my fears and started to get to know it better. I was not disappointed. The book comes in two big volumes. The first deals with physical medicine. I looked at that first, as some chapters sounded very exotic, like Aquatic Rehabilitation and Art Medicine. Despite the fact that all the chapters are written by different authors, they all adopt the same format, starting with an interesting historical perspective and then going through the principles of the current clinical practice and the recent advances. The

chapters dealing with issues such as interactions with medicolegal system seemed surprisingly relevant, as the principles are the same everywhere around the world. The bulk of the first volume deals with the standard physical disorders such as low back pain and sports medicine and the information was more than enough for a rehab generalist.

I felt more familiar with the second volume, which deals with rehabilitation medicine. The chapters dealing with rheumatological disorders were basic even for me. The chapters dealing with neurological rehabilitation were interesting enough but were full of epidemiological data and description of services in the US, which I found interesting to read but not very useful. I felt there was a lack of depth in dealing with disorders like traumatic brain or spinal injuries, which are the bread and butter of rehabilitation practice in the UK.

Overall, I feel much more secure now having De Lisa on my bookshelf. I strongly commend it for trainees and specialists, as it is clearly the most comprehensive textbook available. However, once a British text with such depth and detailed presentation of all the components of rehabilitation medicine arrives it will probably take its place on the top of my shelf and De Lisa might be relegated to the section next to my old ACNRs.

*Tarek A-Z K Gaber, Leigh Infirmary,
Greater Manchester, UK.*



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Author: Joel A De Lisa et al
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Dementia - 3rd edition

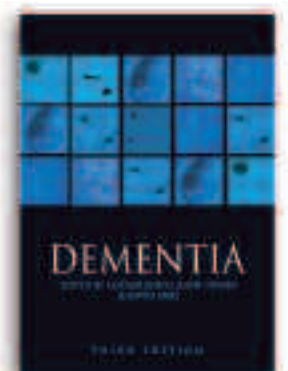
The first two editions of this multi-author text (1994, 2000) have established its place on the bookshelves of old age psychiatrists and neurologists with an interest in cognitive disorders. In this third edition, the layout is similar, but there is a new section devoted to mild cognitive impairment (MCI), reflecting the increasing interest in this area, although it is also argued (by Ritchie and Artero) that MCI may be no more than prodromal AD. The 'Vascular dementia' section becomes 'Cerebrovascular disease and cognitive impairment' reflecting the changes in emphasis which have developed in recent years. Newcomers include a chapter on 'Quality of life in dementia', 'Trial design', 'The cerebellum and cognitive impairment' and 'One caregiver's view'; losses include 'Inflammatory mechanisms in the pathogenesis of Alzheimer's disease' and 'Cognitive dysfunction in multiple sclerosis'. The section on 'Services to people with dementia: a worldwide view' has now expanded to a gazetteer of 19 subsections. Information is up to date to the end of 2004 in most chapters. Production values are generally high, there are inevitable typos ('basic ganglia', p 569, being perhaps the

most glaring).

Standout contributions for me included the back-to-back chapters on pharmacological and psychosocial approaches to behavioural and psychological symptoms in dementia (BPSD). I sympathised with Jane Byrne's argument (p 652) against the UK prohibition of use of atypical antipsychotics for BPSD based on epidemiological evidence of increased stroke risk, and her plea for individual patient risk:benefit assessment. Andrew Graham and John Hodges' chapter on Pick's disease is a model of clarity in the light of the historical record. Elsewhere, coverage of APP, PS1 and PS2 mutations in AD might be deemed somewhat perfunctory.

At £145 this book is not cheap, but when I recall paying £125 and £155 for the first two editions respectively, it may be considered excellent value for money. Most old age psychiatrists and neurologists with an interest will want access to it.

*AJ Larner, Cognitive Function Clinic,
WCNN, Liverpool, UK.*



A Burns, J O'Brien, D Ames (eds.)
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