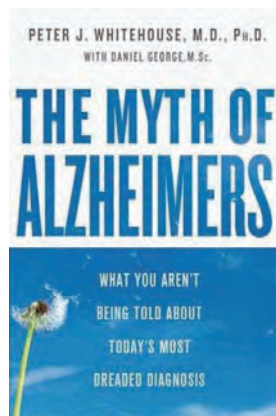


The Myth of Alzheimer's. What you aren't being told about today's most dreaded diagnosis



Authors: Whitehouse PJ, George D
Published by: St Martin's Press,
 New York, 2008
Price: \$25.95
ISBN: 031236816X

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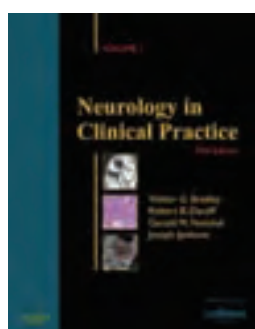
In *The making of Mr Gray's anatomy* (Oxford University Press, 2008), Ruth Richardson suggests that the title "Gray's Anatomy", embossed on the spine of the first edition, was a deliberate literary echo of the famous poem "Gray's Elegy", a bid to make the book more memorable, and saleable. Presumably a similar process is occurring with this book, echoing *The myth of mental illness* by Thomas S Szasz (1961). The "myth", as far as I understand it, is that Alzheimer's disease (AD) is a separate disease that can be cured (98), whereas in the formulation of Peter Whitehouse (hereafter PW) "AD" is no more than a diagnostic label for natural brain aging, which we all of us will get if we live long enough (56), and that waiting for a cure is no more than waiting for Godot. This "myth" has been promulgated by an "AD empire", comprising a venal medical profession, rapacious pharmaceutical companies, individual researchers seeking only grants, fame and Nobel Prizes, and the media. (PW, blurbled as "one of the best known Alzheimer's experts in the world", has, of course, had previous links with many of these agencies - how many Alzheimer's experts have appeared on the Oprah Winfrey Show? - now apparently renounced, so could be said to have had at least a hand in the creation of this "myth".) In a possible example of gamekeeper turned poacher, PW demolishes this (straw man?) by proffering a number of solutions: tell a different story about cognitive loss, put more

resources into care and prevention, promote healthy brain aging (eat fish, remove lead from your house, etc.), volunteer to work in your community.

I guess your response to this will depend on the perspective you adopt. It may go well with the "baby-boomers" who seem to be the book's intended market, but as a clinician I had reservations. To take just one example: Is late-life cognitive decline always merely physiological "brain aging", or may it be sometimes pathological? Since, empirically, cognitively impaired individuals may become impaired to the point of being unable to care for themselves, I think this cannot be deemed physiological, and hence merits some form of clinical label (though clearly there are problems with operationalising any diagnostic criteria) and intervention. What PW tells patients who have what others might call AD is not entirely clear, but the strategy is recognised to have potential problems (36, 212).

Of the many roles that PW has played (he is blurbled as having held professorships in 9 different disciplines!), "key opinion leader" (5), with its possible implication of intolerance of the opinions of others, would seem to me the most significant. Whilst the shortcomings of current approaches to AD are evident, and no one could quibble about replacing "hype with hope", I'm not certain that this "rethinking everything we thought we knew about brain aging" delivers a meaningful agenda for change. I would be delighted to be proved wrong. ♦

Neurology in Clinical Practice (5th edition)



Authors: Bradley WG, Daroff RB,
 Fenichel GM, Jankovic (eds)
Published by: Butterworth Heinemann
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Whilst not subscribing to the adage of the Reverend Sydney Smith (1771-1845) - "I never read a book before reviewing it - it prejudices a man so" - it is true that I have not read all the 2000+ pages in these 2 volumes. I did, however, between 1999-2001, read all of the third edition, the last to include David Marsden amongst the editors. The subsequent fourth edition (2004) was similar in format to the third, but for this fifth edition there has been a substantial revision, both of format and authors. The former is described as "multimedia" for there is a website, including the whole text plus videos and suggested reading lists, which will be particularly useful for those who may feel unequal to carrying the book around. The authorship is now almost exclusively North American, in contrast to the situation when Marsden was amongst the editors, and hence some may feel that the transatlantic feel, and appeal, of the book has been lost.

Nevertheless, this is a very high quality production, with an accessible uniformity of style in illustrations and tables. The "Gold Standard in neurology guides" states the blurb, and although Oxford University Press, as publishers of "Brains", might demur, one can certainly have no misgivings in

recommending this tome to trainees. The price might seem prohibitive but averaged over a 5-year training period it works out to about £1 a week. It certainly summarises the accepted corpus of neurological knowledge, but regrettably has little to say about the large numbers of patients seen by neurologists who do not have a neurological disorder (?50%), which would seem desirable in a book devoted to practice.

One can always find things to quibble about in a text which aims to be "exhaustive": the definition of specificity is wrong (452), there are incorrect chapter cross references (e.g. in chapter 23), transposition of figures (e.g. 70.4 and 70.10), and some statements are debatable (1897: is conjugal CJD "not reported"? How about Neurology 1998;50:684-8?). Surgery is not mentioned amongst the antecedents of meralgia paraesthetica (2268) but in my practice it is the most common identified cause. Should you wish to learn about exploding head syndrome, you won't find it in the index despite its 80 pages (try 1967, 1988, but no details). These nit-pickings aside, this text will give a solid grounding to any trainee able and willing to read, mark, and inwardly digest the contents. ♦

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