The decreased hypocretin-1 concentrations in our patients might have resulted from the dilution effect of the bleed into the CSF with the development of secondary hydrocephalus in the course of their disease. However, this seems rather unlikely as intraventricular drainage was initiated early and the first samples were collected at least 24 hours after catheter insertion. One might also expect that in hydrocephalus complicating subarachnoid haemorrhage there would be an accumulation of CSF constituents owing to reduced absorption by subarachnoid villi, which would go against our hypothesis; however, an opposite effect was observed and this persisted during the course of the disease.

An important caveat of our study is that control samples were obtained by lumbar puncture, and lumbar CSF is likely to have a different composition from cisternal CSF. Furthermore, the concentrations of different neurotransmitters in the ventricular CSF are reported to be higher than in corresponding lumbar puncture specimens.

Further studies are needed to investigate prospectively the relation between hypocretin-1 production and sleep–wake cycle abnormalities in patients after haemorrhagic stroke.

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REFERENCES

BOOK REVIEW

The essential handbook of memory disorders for clinicians


Any reader who is familiar with the editors’ comprehensive and authoritative “Handbook of Memory Disorders” will experience a powerful sense of déjà vu on opening this volume, and may be forgiven for wondering what exactly the point of it is. The Readers’ Digest edition? Neuropsychology lite? With its 392 pages this is hardly a pocket companion. The real reason can be found in an (extremely brief) preface: the 35 chapters of the original work had resulted in a “heftier and more expensive book, which might well be seen as less directly relevant to clinical practice”. In other words, a self-confessed case of “mega biblion mega kakon”, and doubtless a publisher’s marketing wheeze.

A wizard one? Perhaps. Thirty-five chapters have been whittled down to 15, of which all but one have direct clinical relevance, ranging from the amnesias of childhood to a review of rehabilitative strategies for the memory impaired. The exception is Baddeley’s opening essay on contemporary and historical views of the psychology of memory. While such an overview is by no means out of place, its theoretical emphasis might perhaps have been acknowledged by according it the title and status of Introduction rather than merely “Chapter 1”.

The remaining contents are also rather arbitrarily ordered, and the clinician in search of an up-to-the-minute review of some aspect of diagnosis or management is hardly guided by it to the most relevant pages. All the important themes—evaluation, differential diagnosis, management—are well represented, but needlessly interleaved. Chapters dealing with the assessment of memory disorders and the distinction between disorders of memory and other cognitive systems come after those in which specific subtypes of memory dysfunction are discussed. No fewer than four chapters discuss remediation and rehabilitation, while the discussion of retrograde amnesia is entirely subsumed within a review of psychogenic disorders, and the critically important topic of semantic memory is completely neglected.

So while this handbook will undoubtedly be of interest to clinicians, I suspect that many will prefer to distil the essence of the subject from the more comprehensive parent volume, and regard the additional heft and cost as a price worth paying.

P Garrard

CORRECTION

Jombik P and Bahyl V. Short latency responses in the averaged electro-oculogram elicited by vibrational impulse stimuli applied to the skull: could they reflect vestibulo-ocular reflex function? (J Neurol Neurosurg Psychiatry 2005;76:222–8). The first sentence of figure 1 legend should read: Averaged electro-oculogram (EOG) responses in a normal subject elicited by stimuli along the interaural axis.