

neurology residents about neurological complications of systemic cancer. The book might profitably also find itself on the bookshelf of neurologists and those medical oncologists who must also perform as neuro-oncologists in their practices.

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A CLINICAL GUIDE TO INHERITED METABOLIC DISEASES. Second Edition. 2002. Edited by Joe T.R. Clarke. Published by Cambridge University Press. 289 pages. C\$63.00

The field of inborn errors of metabolism (IEMs) has evolved significantly in the past decade largely due to technologic advances in diagnostic testing, newborn screening, and a particularly close linkage and rapid deployment of molecular based information related to these disorders. Nowhere is this reflected more dramatically than in the growth of the standard textbook in the field, *The Metabolic and Molecular Bases of Inherited Disease*, edited by Scriver and colleagues, which (along with its on-line counterpart) attempts the daunting task of integrating nearly all aspects of the basic science study of IEMs with the clinical information necessary to diagnose and treat patients with these disorders. Moreover, the focus of early editions of the text has been blurred in order to expand its scope to review all disorders for which significant molecular information is available. The result is a nearly 16 kg, four-volume tome, that is unrivaled as a reference source, but is nearly unassailable to trainees in the field or other readers with more casual (or practical) interests. Enter Dr. Clarke's text, *A Clinical Guide to Inherited Metabolic Disease*. At a svelte 610 gm (in paperback) and 289 pages, it attempts to capture the core principles of the field into a format more useful to entry-level students, especially house officers and clinical trainees.

Texts on IEMs in general take on one of two formats. The first, as typified by the Scriver volumes, compiles information mostly by metabolic pathway and disease, and thus are best suited to review of topics in the context of patients with known disorders. In his text, Dr. Clarke employs the alternative approach, a problem oriented overview that provides a framework for evaluating patients with unknown disorders, and then moves to a symptom based emphasis on therapy. Chapters in the book, therefore, represent essentially entry points into the differential diagnosis of patients with a specified clinical presentation such as metabolic acidosis, predominantly hepatic symptoms, predominantly neurological symptoms, etc. An inescapable result of this approach is the appearance of entries for individual disorders in multiple locations throughout the text, making it more difficult to gain a broader perspective on a single disease entity. A new chapter on newborn screening is a welcome addition to the previous edition that nicely summarizes many of the new issues related to this contentious topic.

From a factual standpoint, there is little to quibble with in this text. On first review, only one minor error was obvious, the perpetuation of the mis-identification of patients with "long chain acyl-CoA dehydrogenase deficiency," a problem shared by many current texts and reviews on mitochondrial fatty acid oxidation. Since patients originally identified with this disorder were shown ten years ago to have instead very long chain acyl-CoA dehydrogenase deficiency, no *bone fide* defects in long chain acyl-CoA dehydrogenase deficiency have been described. It is disappointing,

therefore, to not have this corrected in the new edition of this text.

The highlight of the text is unquestionably the focus on clinical "pearls". Dr. Clarke laces his presentation of topics with so much accumulated clinical wisdom that it almost defies casual browsing. It is this distillation of the clinical essence of the field that is the great strength of this book and makes it a valuable resource for those looking for an entry point into the specialty. As such, it becomes almost the Harriet Lane Handbook for IEMs, and a must read for all clinical trainees, though it should not be viewed as a standalone text in this instance. It is likely to be less useful to laboratory trainees due to the previously mentioned choice for subject organization. Regardless, Dr. Clarke's text is a succinct book that rightly deserves to be on the front lines of metabolic medicine, and should be a welcome addition to the library of educator and student alike.

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VASCULAR COGNITIVE IMPAIRMENT. 2001. Edited by Timo Erkinjuntti, Serge Gauthier. Published by Martin Dunitz. 350 pages. C\$145 approx.

A major change in the past decade has been the increasing recognition of mixed dementias, where vascular dementia coexists with other causes of dementia, particularly Alzheimer's disease. Mixed vascular dementia and Alzheimer's disease may account for up to half of all dementias and may be more common than any other single group. The overall impression expressed by the authors of this book is that progress in the field would be best served by moving away from vascular dementia, with all the historical baggage and confusion that accompanied it, and towards the broader concept of vascular cognitive impairment (VCI).

This multi-authored text with 80 different authors, five sections and 41 chapters, addresses topics on epidemiology, pathophysiology, diagnosis, neuroimaging, neuropsychological evaluation and treatment. Chapter 2 is an excellent, concise introduction to the concept of VCI. The authors make a very strong argument that VCI should be characterized prospectively and on the basis of fact, not preconception, in order to avoid the misconception contained within current criteria for vascular dementia. Current criteria (DSM IV, ICD-10, ADDTC, NINDS-AIREN, Swedish consensus) are cited repeatedly in numerous chapters. This may have been better dealt with by reference tables in an appendix.

In several chapters the frequency of various risk factors of vascular dementia such as heart disease, diabetes mellitus, smoking and inherited causes are described, as well as correlation between these risk factors and vascular disease. Chapter 5 and 6 provide concise, informative tables that summarize recent incidence and prevalence studies. These chapters include excellent tables compiling the main studies on the occurrence of poststroke dementia. Genetic factors related to microangiopathy related cerebral damage are clearly described. A few chapters describe various other subtypes including multi-infarct dementia, dementia due to strategic infarcts, subcortical ischemic disease, Binswanger's disease and cerebral amyloid angiopathy. These subtype outlines provide insightful clinically relevant material but a stand-alone chapter on CADASIL would have enhanced the usefulness of this book.

The major strength of this book may be the superb, clearly