

BOOKS REVIEWED

THINKING ABOUT DEMENTIA: CULTURE, LOSS, AND THE ANTHROPOLOGY OF SENILITY. 2006. Edited by Annette Leibing, Lawrence Cohen. Published by Rutgers University Press. 299 pages. Price C\$40.

Are these tourists in an unfamiliar land or bearers of unique perspectives and insights? You decide!

This publication brings a view to the field of dementia research that will be unfamiliar to many readers. Edited by Annette Leibing, a researcher at the Institute of Social Gerontology of Quebec and MEOS/Université de Montreal, and Lawrence Cohen, director of Medical Anthropology at the University of California, Berkeley, this soft-cover book contains 12 chapters on topics that range from a discussion of the sociomedical considerations of end-of-life issues in dementia care, to a description of self-actualization and senility in Japan. The scope is ambitious and proposes to address questions that relate to “age, mind, voice, self, loss, temporality, memory, and affect”. The majority of the 19 contributing authors are either medical anthropologists or sociologists, several are social gerontologists, and one is associated with an academic department of theatre and dance. Not surprisingly, the methodologies represented by the contributions to this text are varied and relatively nontraditional, ranging from ethnographic fieldwork and cross-cultural descriptive analyses to qualitative studies of single cases and phenomenological perspectives.

Although necessarily simplified here, the stated goals of the volume, as presented in the introduction, are to explore aging and dementia using the range of research strategies and methodological perspectives of medical and cultural anthropology, and to articulate how this understanding of dementia can contribute to broader questions related to psychology, personhood, and the structure of care.

The chapters are loosely organized according to three themes. Part One contains essays that relate to changing clinical practice in dementia. For example, several contributors effectively use case studies to describe how dementia diagnosis impacts our views on death and the ethics of end-of-life care, challenges the skills and resources of primary care clinicians, and, in some cases, provides a more acceptable alternative to the stigma of being labeled with a psychiatric condition such as depression. In a particularly intelligent and illuminating chapter, Janice Graham uses the database generated by the Canadian Study on Health and Aging as a back-drop for her exploration of the biopolitics of medical classification, the epidemiology of dementia, and the rich potential inherent in the “plurality” of an interprofessional approach to clinical diagnosis and the decision-making process. In the final chapter of Part One, Jesse Ballenger provides a historical perspective and reminds us that “the biomedical deconstruction” of dementia, and in particular, the blurred boundary between normal and clinical aging, has contributed to the persisting stigmatization of older adults.

Part Two on the role of genomics in Alzheimer’s research contains one chapter. These authors conclude that the “uptake” and “penetrance” of genetic knowledge about Alzheimer’s disease is minimal in the general public, has little relevance to lay understanding about disease causation or the pragmatics of the lived experience, and has limited influence on the care provided by health professionals.

Part Three, is entitled *The organization of voice, self, or personhood* and contains six chapters that describe ethnographic fieldwork and narrative analyses in a locked special care unit for severely impaired elders, an Orthodox Jewish long-term care facility, a creative story-telling technique to facilitate self-expression among people with dementia attending day programming, ward activity and organizational structure in a Dutch nursing home, and in a cooking class designed to enhance self-actualization for seniors in Northern Japan. Perhaps the most interesting and optimistic chapter in this book is authored by Annette Leibing, a co-editor, who begins her observations in a psychogeriatric outpatient clinic in Brazil. In an apparent nod to dualism, she challenges the trend towards the “total medicalization of dementia” in support of an enduring “personhood”, which she defines as the “reflexive, immaterial, communicable essence of a person”.

If you are interested in the topics summarized above, and, admittedly, many of these are very important ones, then I encourage you to read this book. But be forewarned - if you, like me, are coming to the task with relatively traditional clinical or reductionist scientific expectations and training, then the language of medical anthropology and post-modernism might pose a challenge to your enjoyment and understanding. In addition to the unfamiliar language, occasionally you will be stopped in your tracks by conclusions that do not appear to be informed by the traditionally scientific approach to understanding dementia. It took me many months of “picking it up – and putting it down” to finish reading this book.

My background is in clinical psychology and geriatric neuropsychology; for many years I have researched normal and clinical aging and provided assessment, diagnostic, and consultation services to individuals with dementia and to their family members. Together with my students, I am currently struggling to develop appropriate neuropsychological approaches and tools for cross-cultural dementia assessment. I anticipated that this book might contribute importantly to our work, especially to our work with Aboriginal seniors. Although, in general, I found the content to be far-reaching, interesting, and at times, provocative, I did not find the illumination I had hoped might be there. Nevertheless, if you have the interest and the time to reflect on the social and cultural aspects of aging and the evolving role of dementia in our modern world, then this is the book for you.

Margaret Crossley
Saskatoon, Saskatchewan

ADRENALINE AND THE INNER WORLD: AN INTRODUCTION TO SCIENTIFIC INTEGRATIVE MEDICINE. 2006. By David S. Goldstein. Published by Johns Hopkins University Press. 309 pages. Price C\$40.

As the title suggests, this book deals with the myriad roles that catecholamines and the autonomic nervous system play in health and disease. It begins with an enjoyable review of basic autonomic neurophysiology, proceeds to a discussion of several dysautonomias

and ends with the author highlighting the importance of applying scientific integrative medicine to clinical practice.

Adrenaline and the inner world is aimed at a wide audience, from physicians, medical students and nurses to theology students and patients' families. Through the use of helpful diagrams and analogies (such as comparing thermoregulatory homeostatic mechanisms to a building's HVAC system) and many examples from popular culture, this book succeeds admirably in illuminating many of the central concepts of autonomic function and its role in disease processes. In addition, the author clearly has a great interest in and knowledge of the history of medicine. Engaging anecdotes detail the discovery and evolution of our understanding of the autonomic nervous system and educate the reader regarding important historical figures, such as Cannon.

According to the author, scientific integrative medicine is a philosophy towards the practice of medicine that uses a systems approach to understand disease processes and develop treatments while also recognizing the impact of genetics and exposures early in development on an ever-changing internal workings of the body. This book provides an excellent description of scientific integrative medicine and its application to clinical practice. However, the lack of discussion of the integration of basic science research into medical practice is unfortunate, especially since the majority of our understanding of the autonomic nervous system comes from basic science labs. Basic science researchers have long appreciated the effect that multiple systems have on each other at any given time, an approach that this book clearly advocates. It was also disappointing how few references were assigned to statements made in this book; if a reader wished to delve further into a particular area, it would be very difficult to locate the exact source of information.

While it is entirely appropriate that a book intended for a broad audience should not get too caught up in details, the description of autonomic physiology may seem oversimplified to neurologists or autonomic neuroscientists. For instance, it is stated that the neurotransmitter of the enteric nervous system has not been identified whereas acetylcholine, ATP, nitric oxide and serotonin have each been shown to play a role in this system. Nonetheless, this text will be a valuable resource for anyone with a general interest in autonomic neurophysiology and would likely be of most use to a medical student, undergraduate student, or a well-educated patient. We would not hesitate to recommend this book to anyone with a general interest in the regulation of bodily function and the history of medicine.

*Lysa Boissé, Alan E. Lomax
Kingston, Ontario*

EUROPEAN HANDBOOK OF NEUROLOGICAL MANAGEMENT. 2006. First Edition. Edited by Richard Hughes, Michael Brainin, Nils Erik Gilhus. Published by Blackwell Publishing. 623 pages. Price C\$187.

The European Handbook of Neurological Management is a compendium of chapters which review the investigation and

management of selected neurological problems. Each chapter is written by a task force of the European Federation of Neurology composed of a multinational European group of authors. Many of these task forces are linked with European organizations; for example, the chapter on acute stroke is also the official policy of the European Stroke Initiative.

The focus is powerful in its commitment to provide evidence based conclusions. Where evidence is lacking, expert consensus guidelines are provided. The methods used to review and establish the guidelines are clearly documented.

The editors' note in their introduction that the coverage of the book has necessarily been opportunistic, being based on areas of particular interest and enthusiasm to European authors.

There were eight chapters dedicated to neurological investigations. The chapter on CSF analysis provided some useful data on the incidence of oligoclonal banding in various disorders and helpful points about the use of PCR.

The chapter on neurophysiological testing and neuroimaging in non acute headache included sections on EEG, evoked potentials, blink reflexes, etc. The abundant negative recommendations, including the advice that interictal EEG and autonomic tests are not indicated as part of the routine assessment of headache patients, should be so self evident to the sensible neurologist, that a full chapter on this topic seemed unnecessary.

A comprehensive and useful chapter on use of anti-interferon antibodies in MS was followed by a chapter on the use of anti-nerve antibodies. This chapter reviewed the responses to a survey regarding assay availability, methodology, and quality control amongst a sample of European centers utilizing anti-nerve antibody testing. Allowing for some general points of interest, there was no practical information of use to the practicing neurologist.

The 12 page chapter on use of skin biopsy in the diagnosis of peripheral neuropathy provided exhaustive methodological information and normative data. The few short paragraphs on correlation with clinical measures pointed out that only a few studies correlated epidermal innervation density to validated clinical scales. One does not get a clear sense of the value or role of this procedure in clinical practice.

The chapters on major neurological diseases were generally excellent. For example, the chapter on acute stroke had a balanced and broad summary of stroke prevention and management that summarized the important findings of key studies in a clear and succinct manner. Of course, the rapid emergence of new data on the management of stroke limit some aspects of its value in the text format. The report indicated updates are available on the internet but the site(s) were not given.

There were two chapters on Parkinson's management (early and late), with a sound review of the data. Of course, as an evidence based review, it is difficult to capture the complexities of many management issues applicable to the individual patient and the value of useful treatments is sometimes understated. For example, in discussion of the management of psychosis, it states: "There is insufficient data on quetiapine, but it is possibly useful." Of course, experienced neurologists will recognize the considerable value of quetiapine and invariably will use this before clozapine for which the evidence of its role in psychosis is stronger.