

disease performed in Japan, some of them hitherto unavailable in English. Although stenosis of the intracranial arteries is common in Japan, Kameyama points out that contrary to prevailing perceptions, severe stenosis and occlusions of the extracranial arteries also occur in proportions comparable to those reported from Western countries such as England (pp. 13-14). Vascular dementia appears to predominate in Japan. Tomonaga in a series of 110 autopsied cases found 16% with senile dementia, 54% with vascular dementia and 30% with mixed etiology (p. 69). In another series, Kameyama found that 60% of patients with frontal lobe infarctions had dementia compared to 27% with infarcts elsewhere in the brain (p. 69). The book reports an intriguing new type of multi-infarct dementia due to a hereditary juvenile form of Binswanger's disease. Most of the patients are normotensive with thickening of the walls of the small blood vessels in the white matter (p. 71).

The book is well produced and illustrated, with a tendency to be inclusive but brief. For example, the incidence of cerebrovascular diseases over the age of 40 years in Akita (formerly the stroke capital of the world) is reported to have dropped by two-thirds (p. 2). One would have wanted some details and discussions as to how this dramatic change came about. At times the prose puzzles: "At present, the term multi-infarct dementia, or vascular dementia, is widely used. Apparently it is what is known as lacunar dementia, and the clinical presentation is one of good-natured senility with amnesic syndrome" (p. 17), but the book is generally well-written and organized. One looks forward to a second expanded edition.

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MODELS OF BRAIN INJURY REHABILITATION. 1989.
Edited by Roger Wood and Peter Eames. Published by John Hopkins University Press. 242 pages. \$52 Cdn. approx.

This book is a welcome addition to the growing body of literature dealing with the management of the brain injured. It is not a guide or manual for rehabilitation of a brain injured patient. Rather, the many authors and contributors have used the available literature and experience to outline models for treatment to be set up within existing systems of social services and health care. The book is a cooperative effort between authors from the United Kingdom and the U.S.A. and thus the models proposed may apply to most Westernized Health Care Systems.

Part I outlines the social and human consequences of brain injury and its particular strength lies in the emphasis put on the experience of family and friends of the victim. This section alone should be read by all person involved in the care of the brain injured.

Parts II and III combined to discuss the "ideal" model of care arising from available literature and experience as it exists, and proposes that the time is right to set up pilot programs to test the effectiveness of such models.

Part IV discusses outcome evaluation studies and proposes methods which could be used to continually evaluate and upgrade the previously described models.

This review was tantalized by the brief discussion regarding pharmacological treatment of deficits, but somewhat disappointing in the chapter on Cognitive Rehabilitation. That controversial but most important subject could have been expanded and discussed with more clarity.

This book should be read by all involved in the care of the brain injured. Most importantly, its messages should be delivered to those important government policy makers who will make the decisions regarding utilization of health care resources, preferably before such decisions are made.

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