

BOOK REVIEWS

Syncope Cases

Edited by Roberto Garcia-Civera, Gonzalo Baron-Esquivivias, Jean-Jacques Blanc, Michele Brignole, Angel Moya I Mitjans, Ricardo Ruiz-Granell, Wouter Wieling. Published by Blackwell Publishing Professional, 2006, £40, pp 344. ISBN 9781405151092

Syncope is the most common cause of loss of consciousness. For those with personal experience it is a frightening event, yet clinicians are often poorly equipped to explain the problem and its mechanisms to patients. Most cases of syncope are currently managed in primary care; patients requiring investigation are often referred first to cardiologists rather than to neurologists.

Syncope Cases provides over 100 succinct (1–3 page) reports, most with a relevant illustration, expertly edited into a useful and practical text. The authors describe syncope in its many forms: reflex (neurally mediated) causes, carotid sinus syndrome, orthostatic hypotension, arrhythmogenic syncope and syncope from structural cardiac disease, as well as rarer causes such as syncope in myotonic dystrophy, Kearns–Sayre syndrome, subclavian steal, and the unusual presentations of swallow, glossopharyngeal, cough and laughter syncope. As with much in medicine, something seemingly straightforward becomes increasingly complex with its greater understanding. The 136 authors are almost exclusively from cardiology, yet the content is highly relevant to neurologists. Particularly helpful are explanations of tilt-table testing physiology and of complex arrhythmias, and indications for electrophysiological studies and implantable loop recorders. An interesting diversion is the distinction between the “mess trick” and the “fainting lark” (with instructions on each). Surprisingly, there is no description of migraine syncope and little on psychogenic syncope.

We learn from cases better than from dry text. This book is highly readable and a useful clinical aid to the investigation and management of an array of syncope scenarios. It is a pleasure to read, but be prepared to feel unnerved on

hearing of seemingly benign presentations of several potentially fatal syncopes.

Ann Johnston, Phil Smith

Olfaction and the Brain

Warrick Brewer, David Castle, Christos Pantelis. Published by Cambridge University Press, Cambridge, 2006, pp 353. ISBN 0521849225.

For most neurologists, the sense of smell is not a topic of polite conversation—it is hard to assess, and even harder to understand. They know that it is vulnerable in head injury and (perhaps) that it departs early in Parkinson's disease. It has a walk-on part in epilepsy courtesy of uncinate fits, and everyone knows about Proust's madeleine. Most neurology wards will somewhere have an ancient collection of bottles containing unspeakable substances, produced when someone remembers to test the first cranial nerve (or should that be the fifth?). We are visual and verbal primates, and the things that we value most highly tend to be those that arrive via eye or ear. Yet, sights and sounds do not transport us as aromas do, annihilating time and space at a single sniff. There is something most peculiar going on between nose and brain, and that something is the topic of this book.

The editors have assembled a team of authors eminently qualified to distil the arcana of olfactory structure and function and to bring them to the bedside. The journey begins with olfactory anatomy, physiology and neuropsychology, traverses the evolutionary biology of primate noses and olfactory development in human children and in the two sexes, and lays out the various tools available for assessing smell, before arriving at clinical disorders including the neurodegenerative diseases, olfactory hallucinations and the psyche (in particular, olfactory reference syndrome and schizophrenia). Functional brain imaging has provided a window on our olfactory brain, and the results are startling. Behind the mild-mannered sensory epithelium of the human nose snarls a plethora of brain structures, the most ancient parts of the limbic system jostling the more respectable arrivistes of prefrontal

neocortex, and all so closely wedded to the outside world that there is not even a thalamus between them.

As an interested amateur, I found the text readable and entertaining, and the references generally up-to-date and useful. Besides providing a sound foundation in the clinical neuroscience of olfaction, the book by and large does deliver on the promise of its blurb: to show the subtle and surprising role of this often forgotten sense in our wider mental and emotional life. If not quite the stuff of inspiration, there is certainly much here to pique the interest of the clinical neurologist or psychiatrist. The book deserves a place in the departmental library. Some may even be tempted to take it home.

It would have been useful to have had more guidance on what to do with the hyposmic patient in the clinic (many of the test batteries are hardly practical outside of research settings). It would have been interesting to have had an explicit comparison with the more familiar territory of vision—what are the analogies, what are the departures and is it even useful to think about them together? This is surely one of the key challenges for the future: to bring the chemical senses from the austere realm of psychophysics to the more familiar vales of neuropsychology and cognitive neurology, so that we have a complete picture of human perceptual and semantic processes in all their variety. But in any case, this book affirms what Gogol and Shostakovich already guessed: the nose has a life of its own.

Jason Warren

CORRECTION

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Martino D, Defazio G, Abbruzzese G, *et al.* Head trauma in primary cranial dystonias: a multicentre case-control study. *J Neurol Neurosurg Psychiatry* 2007;**78**:260–3. One of the co-authors of this paper, Giovanni Majorana, has been erroneously indicated as Giuseppe Majorana. The authors apologise for this error.