

Historically, multi-infarct dementia (MID) has been the only alternative to primary degenerative dementia, and most of the diagnostic scales, neuropsychological tests, and neuroimaging studies have been directed to this condition, the result being the ignorance of the prevalence of other subtypes of VaD. A classification of VaD should also include cases of dementia resulting from both ischaemic and haemorrhagic lesions in the brain, and from cerebral ischaemic-hypoxic lesions due to haemodynamic abnormalities as well (Serra-Mestres & López-Pousa, 1992; Román, 1993).

The Hachinski Ischaemic Scale has turned out to be a misleading instrument. A recent prospective neuropathological study to validate this scale found that 21% of patients with Alzheimer-type dementia (ATD) were incorrectly diagnosed as having VaD. It also has been reported to be insensitive in the detection of mixed cases of dementia.

The nature of cerebrovascular disease makes it difficult to define patterns of cognitive impairment. It has been suggested that for epidemiological purposes, a high-sensitivity screening instrument should be used (Román, 1993).

At the pathological level, the introduction of haemorrhagic and haemodynamic lesions in the spectrum of VaD is a success, but the argument on what size and/or volume and localisation of the lesions is required to produce cognitive impairment, still continues. It has been postulated (García *et al*, 1992) that there are critical areas of the brain which are implicated in the production of cognitive failure: associative areas of the posterior-caudal half of the cortex, inferomesial parts of the temporal lobes, superior regions of parietal and frontal lobes, subcortical white matter (especially corona radiata), thalamus, basal ganglia, and diencephalic structures. The role of the white matter lesions in cognitive dysfunction is controversial.

Neuroimaging techniques have to be considered. Lack of vascular lesions in computerised tomographic scans or magnetic resonance images (MRI) is strong evidence against a vascular aetiology. The use of MRI is strongly recommended because of its higher power of resolution, especially of subcortical structures.

Attempts to design diagnostic criteria for VaD have been made (ICD-10; Chui *et al*, 1992). Recently the NINDS-AIREN Diagnostic Criteria for Research Studies in Vascular Dementia have been published (Román, 1993). Their authors emphasise the need for clinical, radiological and pathological data to arrive at the diagnosis of VaD. It is urgent that these criteria be used at clinical and research levels. Correlation studies will then be needed to test their validity.

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Offspring of parents with drinking problems

SIR: The comprehensive study about the adult adjustment of offspring of parents with drinking problems by Velleman & Orford (*Journal*, April 1993, **162**, 503–516) concludes that having a parent with a drinking problem might sometimes be a strengthening experience, contrary to previous reports. Recently, Michael *et al* (1993) reported higher inter-hemispheric electroencephalogram (EEG) scores in teetotaller, first-degree relatives of alcoholics compared with both alcoholics and minimal, social drinkers. They argued that this might represent protective factors – for example high arousal, high vigilance, and so on – which prevented them from becoming alcoholics themselves. Unfortunately, in the present study, the offspring of alcoholics were regarded as a homogenous group. In view of the EEG findings it seems that if the offspring of alcoholics in the present study were subgrouped into social drinkers and teetotallers they would have had a greater chance of getting more robust findings to support their case.

MICHAEL, A., MIRZA, K. A. H., MUKUNDAN, C. R., *et al* (1993) Inter hemispheric EEG coherence as a biological marker in alcoholism. *Acta Psychiatrica Scandinavica*, **87**, 213–217.

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Münchhausen's syndrome?

SIR: Fisher *et al* (*Journal*, May 1993, **162**, 701–703) report a case of a so-called Münchhausen's syndrome by proxy. It was the Baron Karl Friedrich Hieronymus