

- 17 Yesavage JA, Brink TL, Rose TL, Lum O, Huang V, Adey M, et al. Development and validation of a geriatric depression screening scale: a preliminary report. *J Psychiatr Res* 1983; **17**: 37–49.
- 18 De Jager CA, Budge MM, Clarke R. Utility of TICS–M for the assessment of cognitive function in older adults. *Int J Geriatr Psychiatry* 2003; **18**: 318–24.
- 19 Foy CM, Nicholas H, Hollingworth P, Boothby H, Williams J, Brown RG, et al. Diagnosing Alzheimer's disease – non-clinicians and computerised algorithms together are as accurate as the best clinical practice. *Int J Geriatr Psychiatry* 2007; **22**: 1154–63.
- 20 Roth M, Tym E, Mountjoy CQ, Huppert FA, Hendrie H, Verma S, Goddard R. CAMDEX. A standardised instrument for the diagnosis of mental disorder in the elderly with special reference to the early detection of dementia. *Br J Psychiatry* 1986; **149**: 698–709.
- 21 Blessed G, Tomlinson BE, Roth M. The association between quantitative measures of dementia and of senile change in the cerebral grey matter of elderly subjects. *Br J Psychiatry* 1968; **114**: 797–811.
- 22 Bucks RS, Ashworth DL, Wilcock GK, Siegfried K. Assessment of activities of daily living in dementia: development of the Bristol Activities of Daily Living Scale. *Age Ageing* 1996; **25**: 113–20.
- 23 Cummings JL, Mega M, Gray K, Rosenberg-Thompson S, Carusi DA, Gornbein J. The Neuropsychiatric Inventory: comprehensive assessment of psychopathology in dementia. *Neurology* 1994; **44**: 2308–14.
- 24 Alexopoulos GS, Abrams RC, Young RC, Shamoian CA. Cornell Scale for Depression in Dementia. *Biol Psychiatry* 1988; **23**: 271–84.
- 25 Webster DD. Critical analysis of the disability in Parkinson's disease. *Mod Treat* 1968; **5**: 257–82.
- 26 Fischer P, Jungwirth S, Zehetmayer S, Weissgram S, Hoenigschnabl S, Gelpi E, et al. Conversion from subtypes of mild cognitive impairment to Alzheimer dementia. *Neurology* 2007; **68**: 288–91.
- 27 Yaffe K, Petersen RC, Lindquist K, Kramer J, Miller B. Subtype of mild cognitive impairment and progression to dementia and death. *Dement Geriatr Cogn Disord* 2006; **22**: 312–9.
- 28 Roberts RO, Geda YE, Knopman DS, Christianson TJ, Pankratz VS, Boeve BF, et al. Association of duration and severity of diabetes mellitus with mild cognitive impairment. *Arch Neurol* 2008; **65**: 1066–73.
- 29 Fillit H, Nash DT, Rundek T, Zuckerman A. Cardiovascular risk factors and dementia. *Am J Geriatr Pharmacother* 2008; **6**: 100–18.
- 30 Barabash A, Marcos A, Ancin I, Vázquez-Alvarez B, de Ugarte C, Gil P, et al. APOE, ACT and CHRNA7 genes in the conversion from amnesic mild cognitive impairment to Alzheimer's disease. *Neurobiol Aging* 2009; **30**: 1254–64.

extra

## Désiré Magloire Bourneville (1840–1909)

Jean-Pierre Schuster and Yann Le Strat

The name of Désiré Bourneville is linked with tuberous sclerosis complex, which he documented and named. He also contributed to major hospital reforms, especially in the care of children with intellectual disabilities. His medical and social work with such children made him a precursor in child and adolescent psychiatry.

Bourneville was born in 1840 in Garencières, a small village in Normandy. In 1865 he became resident at the Paris Medical Faculty and 5 years later submitted his doctoral thesis on clinical thermometry in brain diseases. When working at Salpêtrière Hospital, he played a major role in the publication of the *Lessons* of Charcot, his mentor, and in the studies on hysteria about which he published an important photographic series in collaboration with Regnard. He was a prolific editor of several journals. In 1873 he founded the *Progrès Médical*, a popular and influential journal that helped in the dissemination of medical science and hygiene.

He developed a consistent hospital policy of secularisation, founded the first nurse school in France and contributed to regulating midwifery in Paris. (Between 1877 and 1881, Bourneville wrote several reports to the authorities in favour of organising separate hospital departments for pregnant women. In part because of his advocacy, a new order of medical practitioners was created for obstetricians in Paris.) Throughout his life, he was devoted to training caregivers and improving their living standards. As a medical reformist, he was interested in politics and was a councillor in Paris (1876) and an MP (1883–1889).

In 1879, Bourneville was appointed as Head of the Psychiatry Department of Bicêtre Hospital, taking care of 'epileptics and idiotic children'. He was a defender of out-patient treatments, breaking with a tradition of confinement. His major achievement was to transform the psychiatric unit into a 'school asylum', foreshadowing a medico-pedagogical institute. Bourneville promoted a therapeutic and educational approach, inspired by the work of Seguin, and involved medical and public authorities in his work towards the integration of children with intellectual disability into society.

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