on page 86, the naïve novice will be astonished to learn that ‘brain weight at 75 years of age is 56% of the original weight’. On page 341 the drug ‘Priadel’ is spelt ‘Priardel’ twice, and the plasma lithium levels suggested as a routine guide—that is, ‘1–1.5 m equiv./l’—would produce an unnecessarily large number of neurotoxic effects in elderly patients if unquestionably accepted.

Despite these criticisms, psychiatrists with a particular interest in the elderly might consider personally buying the book, and all postgraduate psychiatric libraries should clearly possess a copy.

MICHAEL R. BOND

BOOKS RECEIVED


BRAIN AND SLEEP Edited by H. M. van Praag and H. Meinardi. (Dfl.42.50.) De Erven Bohn: Amsterdam. 1974.


ORGANISATION OF MENTAL HEALTH SERVICES IN DEVELOPING COUNTRIES (Pp. 41; Sw.fr.6.) WHO: Geneva. 1975.


SIR,—With reference to the article on this subject by S. Shuangshoti and C. Phonprasert, published in the Journal of Neurology, Neurosurgery, and Psychiatry (1976, 39, 531–535) in which the authors state in the description and summary: ‘A suggestion is made that the “medulomyoblastoma” should be classified as a type of neoplasm of mixed mesenchymal and neuro-epithelial origin’, I take the liberty of suggesting that, in the paper ‘Central neuroblastic tumour associated with smooth muscle fibres’, published in European Neurology (1975, 93, 258–272), the two components of medulomyoblastoma have for the first time been demonstrated by us by means of electron microscopy:
Letters

firstly, the neuroblastic component—cell with intracytoplasmic neurotubuli and dense-core vesicle (Fig. 4a and b) and, secondly, the myoblastic component, cells with perivascular starting point, delimited by a basement membrane, showing cytoplasm rich in microfilaments with small osmiophilic thickening and pinocytic vesicles along the cell membrane (Fig. 5a,b,c). We reiterate here what we said in the paper: ‘These aspects demonstrate that the medullomyoblastoma is a malignant bidermal teratoid tumour of the central nervous system’. As far as the primary intracranial origin of the tumour described by Shuangshoti and Phonprasert is concerned, no post-mortem study was carried out in this particular case. We must therefore be satisfied with the radiologically and intraoperative/macroscopically described aspects of this case. Here, we are obviously and evidently dealing with an orbital tumour which has infiltrated into the frontal sinuses, the subfrontal (extradural) area, and the dura mater secondarily.

In the light of the above, Shuangshoti and Phonprasert’s description of the tumour as being primarily intracranially developed appears to be unacceptable.

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Sir,—We regret that we did not see the article by Dr Vuia on ‘Central neuroblastic tumour associated with smooth muscle fibres’ which was published in European Neurology (1975, 93, 258–272). This journal was not available in our medical library or elsewhere in Thailand. Judging from the description in his letter it is likely that the tumour he reported contained both neuroblastic and smooth muscle components. However, we are not certain regarding his interpretation of the neoplasm as a ‘malignant bidermal teratoid tumour of the central nervous system’.

The term ‘teratoid’ has not been clearly defined. Literally, it means ‘teratoma-like’, and one may consider it to be equivalent to ‘teratomatous’. The definition of teratoma, unfortunately, is variable among authorities. We prefer the one proposed by Willis—that is, a teratoma is a true tumour or neoplasm composed of multiple tissues foreign to the part in which it arises; its literal meaning is a ‘malformation which is also a true tumour’ (Willis, R. A. (1951). Teratomas, Atlas of Tumor Pathology, Section III, Fascicle 9, p. 9. Armed Forces Institute of Pathology: Washington, DC). If this definition is accepted, a neuraxial tumour consisting of neuroblastic and smooth muscle elements cannot be named teratoma or teratoid, because only a single smooth muscle component is foreign to the neuraxis. We therefore suggest that Dr Vuia should diagnose his case as a ‘neoplasm of mixed mesenchymal and neuroepithelial origin (combined leiomyoma and neuroblastoma)’, a more appropriate diagnosis. Our suggestion is based on the fact that smooth muscle is derived from the mesenchyme, and neuroblast is a derivative of the neuroepithelium. This morphological diagnosis is in accord with findings encountered in the tumour described by Dr Vuia.

Concerning the location of the rhabdomyosarcoma reported by us, Dr C. Phonprasert, a competent neurosurgeon, noted during craniotomy that the lesion lay beneath the right frontal lobe of the brain, and was attached to the dura mater in this region. Only a small part which was in continuity with the main mass was within the retrobulbar region of the right orbit, presumably by invading through the roof of the orbit. This part of the neoplasm was also attached to the adjacent dura mater as was its portion extending into the frontal sinus. Upon macroscopic examination, I encountered a fragment of thickened dura mater on one surface of the resected tumour as shown at arrows in Fig. 2a of our article, and Dr Phonprasert confirmed that it was the outer aspect of the lesion. There is thus little doubt that this neoplasm lay behind the dura mater in the anterior cranial fossa on the right side. It is therefore reasonable for us to regard such a subfrontal and subdural tumour as primarily intracranial in position with secondary invasion of the orbital roof and of the frontal sinus on the right side. The alternative interpretation offered by Dr Vuia is not acceptable. A primary intraorbital tumour should be situated epidurally.

It is reasonable for Dr Vuia to suggest primary location of a rhabdomyosarcoma within the orbital fossa, because we assume that he might think about the origin of such tumour from the extrinsic striated muscle of the eyeball. Nevertheless, a rhabdomyosarcoma could arise as well from other mesenchymal derivatives, such as from the meninges, as proposed in our article.

Finally, we suggest that the word ‘obvious(ly)’ should not be used in medicine. We feel that things are rarely obvious in the field of medical sciences.

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Primary intracranial rhabdomyosarcoma producing proptosis.
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