Editorial announcement

Editorial evolution

Tempora mutantur et nos mutamur in illis

Each year the journal evolves. Our editorial committee members serve a four-year term and we thank the outgoing members, Professor N Brooks, Dr J Cutting, Mr R A Johnston, Professor C D Marsden, Dr V L McAllister, and Professor E Warrington, for their endeavours. At the same time we welcome the new members, Dr M J Aminoff, Mr G F G Findlay, Dr J R Hodges, Dr R S Kocen, Mr C E Polkey, Dr D T Wade, and Dr J T L Wilson, whose expertise and location reflect the broad spread of interests and international readership of our journal. Particular thanks are due to our neurosurgical associate editor, Mr G Teasdale, who is replaced by Mr J Pickard, and also to our book review editor, Dr J M S Pearce, who is replaced by Dr C M C Allen. The whole edifice of scientific journals depends on the good will of the referees, whose names for each year scarcely fit on the page of the journal devoted to them in each December issue. We all collectively owe them our thanks; reader, author, editor, and publisher.

The science of publishing journals, dubbed "journalology" by Stephen Lock, distinguished former editor of the British Medical Journal, increasingly exercises editors and their critics. Readers and authors may be interested to know how we operate the peer review process. General editorial policy is guided by the international editorial committee, which meets annually. Each individual paper is scrutinised by the editor or deputy editor and assigned to one, or usually two, assessors, who we believe to share the expertise of the authors. Papers with a neurosurgical content are forwarded to the neurosurgical associate editor. A small proportion of papers are returned immediately to the authors as being unsuitable for our journal. Upon receipt of the referee’s comments the responsible editor decides whether the paper should be accepted as it stands (exceptional but welcome), rejected (75%), or revised (25%). On occasion we may need help from a further referee or from our own statistician, which may lengthen the process, but otherwise we aim to reach a decision within two calendar months of receipt of the article. We ask our referees to be considerate in wording their comments, which we transmit anonymously to the authors. We always thank our referees individually, advise them of our decision, and pass to them the comments of any other referees. We used not to let the other referee know the name of his (or her) fellow referee but have recently started identifying the referees to each other at that stage. The anonymity of the refereeing process has been criticised and a few referees insist that their identity be disclosed to the author. The whole peer review process has been questioned. Would it be improved by disguising the identity and affiliation of the authors from the referees? There is some evidence to suggest that it would, but the time and effort involved by the disguise are a major disincentive.

Journalists have also been debating the issue of fraud in science. We cannot safely assume that our pages are exempt from fraudulent submissions. During the past year we have discovered two examples of the simultaneous submission of an identical article to another journal and our own. Editors strongly object to such behaviour, which abuses the editorial process and wastes the time of the referees. The number of authors required to write an article or describe a single case has proliferated with the years. We have sometimes challenged authors to justify excessively long lists and never failed to secure a reduction in the number of authors. We hope that this has helped protect the interests of those who really did the work.

The Latin tag at the beginning of this article, "Times change and we change with them"—is a gentle dig at our parent British Medical Journal, which has renounced Latin. A profession that has spawned scholars of the calibre of MacDonald Critchley is entitled to cling to the classics a little longer. We are also reluctant to accede to pressure to adopt structured abstracts, forced into a template which looks inelegant and rarely fits. We do accept that our abstracts should be clear, informative summaries of the contents of the paper, readily interpretable by every reader without the camouflage of unfamiliar acronyms.

Our neurological stamps continue to attract favourable comment: Dr Haas has over 500 in his collection, which will enable the series to run for a while yet. This volume sees the introduction of occasional Clinicopathological Case Conferences: does your department organise conferences that might be of international interest? We have also introduced Neurological Pictures, for which we will consider suitable images of pathological specimens, clinical signs, or radiological memorabilia, provided that they will fit on one page.

The 1993 review series on Neurological Emergencies has been completed and will shortly be re-edited and published as a book. This issue sees the start of a review series on Neurological Management, edited by Professor M Wiles, which both educates the reader and sets standards that we should all meet in the delivery of care. MacMillan and Harper launch the series with an
Editorial evolution

explanation of the relevance of the astonishing advances in molecular genetics to neurological practice. We hope that this series will stimulate not just interest but lively debate in our correspondence section. The Neurological Management series will also be published as a book in due course.

These changes will not deflect the journal from its main task of publishing the best papers in clinical neurological, neurosurgical, and neuropsychiatric science. Previous changes have been followed by gratifying improvements in the position of JNNP in various citation indices. If the copy of the journal that you are reading is not your own, check whether your membership of your national Neurological Society entitles you to an individual subscription at a discount that is almost half price.

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Neurological stamp

Casper Wistar (1760–1818)

Casper Wistar obtained his medical education at the University of the State of Pennsylvania in the United States and at Edinburgh University in the United Kingdom, where he was twice president of a student organisation, The Royal Medical Society. He also assisted in organising a natural history society.

He returned to the United States, practised in Philadelphia and, in 1789, was appointed Professor of Chemistry, later Professor of Anatomy, Surgery, and Midwifery, and then Professor of Anatomy. Wistar described the ethmoid bone. His textbook A system of anatomy for the use of students of medicine (two volumes, 1811–14) was the first such American work.

He had weekly library gatherings at his home with members of the American Philosophical Society to which, in 1787, he succeeded Thomas Jefferson as President. These famous meetings, which continued after his death, were known as Wistar parties.

Wisteria, a high-climbing, woody vine of the pea family, native to China, Japan, and eastern North America, was named after Wistar by the botanist and ornithologist Thomas Nuttall. A Japanese stamp issued in 1986 shows the wisteria vine (Stanley Gibbons 1052, Scott 881A).

L F HAAS
Bimanual motor performance in controls and patients

Brown, Jahanshahi, and Marsden conclude their study of bimanual movements in Parkinson's, Huntington's, and cerebellar disease by suggesting that: "Further research should focus on the precise mechanisms underlying the difficulties experienced by patients with motor disorders in performing bimanual movements." These difficulties are, however, experienced by many of the normal population. This became evident when we were piloting a replication of a bead and tapper task. Some of us had great difficulty with this bimanual task, whereas those of us with specialised, bimanual motor skills—for example, typing or playing the piano—had relatively little dual-task interference of tapping when transferring beads with the other hand. A study of bimanual task performance, using the bead and tapper test, in controls and subjects with depression or parkinsonism confirmed this preliminary observation. Across all subjects, those with specialised bimanual motor skills showed significantly less dual task interference on the bead and tapper test than did those subjects without such skills, and the size of this effect of bimanual motor skill was as large as the effect of parkinsonism. Future studies of bimanual movements, across groups of patients, should therefore control for the presence of specialised, bimanual motor skills in the different groups.

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Soluble interleukin-2 receptor levels in serum of patients with demyelinating polyneuropathy associated with monoclonal gammopathy.

I read with interest the report by Dr Vrethem and colleagues of elevated serum levels of soluble interleukin-2 receptors (sIL-2R) in some patients with demyelinating neuropathy associated with monoclonal gammopathy, suggesting a possible role for T cell activation in the pathogenesis of this condition. The insidious onset and chronic nature of paraprotein-associated demyelinating neuropathy make it difficult to interpret the pathogenetic significance of point measurements of sIL-2R, but it is interesting to note that patients with acute idiopathic demyelinating neuropathy (Guillain-Barré syndrome), have reportedly to have elevated sIL-2R levels at disease onset which fall with clinical recovery.

Most patients with peripheral neuropathy in the report had an IgM monoclonal gammopathy of undetermined significance (MGUS). IgM MGUS-associated peripheral neuropathy with anti-myelin-associated glycoprotein (anti MAG) antibodies has been reported to be relatively unresponsive to plasma exchange, unlike IgA and IgG MGUS-related neuropathies, and hence may possibly represent a separate nosological entity. Furthermore, a recent report documented paraprotein-associated demyelinating neuropathy responding solely to cyclosporin, an immunosuppressive agent that selectively inhibits T lymphocyte responses, despite the continued presence of paraprotein. It is therefore possible that demyelinating neuropathy associated with monoclonal gammopathy is pathogenetically heterogeneous, a subset of patients having a T cell-mediated, rather than humoral, immunopathogenesis. An analogous situation may exist for Guillain-Barré syndrome.

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BOOK REVIEWS

All titles reviewed here are available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the United Kingdom and for members of the British Forces Overseas, but overseas customers should notify the author (2 per item) for postage and packing. Payment can be made by cheque in sterling drawn on a United Kingdom bank, or by credit card (Mastercard, Visa or American Express) stating card number, expiry date, and your full name.


A steady reminder of new applications, new avenues, this book is able to bring excitement and pride for the profession, especially veterans who have spent a respectable chunk of professional life as reporting clinical neurophysiologists. All in a pleasant low key voice with no didactic or superiority undertones; the language, always clear and understandable is somewhat uneven, as is inevitable in a multi-author book. Monitoring progress of disease, sub-clinical warning signs of drug neurotoxicity, or of early radiological abnormalities in children have immense value as children are often less than good observers and are unreliable sensory witnesses.

Objectivity regarding the relative value of the individual electrical test is maintained throughout the book even when low diagnostic value and other deficiencies of a given method has to be admitted. For example, the median nerve Sensory Evoked Potential (SEP) is less useful in juvenile patients than in adults where the SEP is consistently longer for musical notes than for verbal stimuli. To conform to current health reform trends there is an audit chapter—an excellent validation of the relative values or hit-rates of the tridemal evoked potentials, MRI and oligodendal bands in demyelination. The hierarchy is established, the BAEP being the least contributory, followed by the median nerve Sensory Evoked Potential (SEP). Not surprisingly the EPs are less efficient than MRI. The value of the EPs, however, remains because of widespread availability, speed of testing, lower capital cost and compared to oligodendal bands, it is non-invasive. Gens are found for example the CSF IgG correlates better with MRI/VEP abnormalities in patients with chronic progressive M.S. of long duration than in patients with relapsing-remitting course. In a book where such health service-speak is present (see audit) one is grateful for the surviving humanity; it is refreshing to read that cost-effectiveness is not open to fully rational resolution, and the author admits that even if during spinal surgery, the expense of monitoring is high, it more than compensates for a future life in a wheelchair. A useful, important book for both the year-around and the occasional user.

MARTA ELIAN


This is the third book entitled “Guillain-Barré Syndrome” to be published in three years. My own book published in 1990 emphasised the pathological changes and pathogenetic mechanisms and wandered more broadly into neuroimmunology. Ropper, Wijdick and Ropper’s book published in 1991 contained a meticulous account of the diverse clinical pictures subsumed by the title, based on Ropper’s vast experience at the Massachusetts General Hospital, and an extensive discussion of differential diagnosis.

Parry’s book began life in the author’s imagination as a description of peripheral nerve disease for the beginner, but grew into another extensive monograph focused on typical Guillain-Barré syndrome. Its greatest strength is its careful description and helpful explanation of the neuropathological changes, especially the conduction block which underlies weakness in “typical” cases of Guillain-Barré syndrome. However, Guillain-Barré syndrome forms a subgroup at one end of a spectrum of acquired, usually inflammatory, demyelinating polyneuropathy, and at the other end of the spectrum is a small personal series, the forms of the other end of the disease spectrum being heterogeneous. In some cases the clinical neuropathological and pathological evidence suggests the existence of a purely axonal form in which IgG antibodies to ganglioside GMI are, in our experience, usually present. The striking distribution of clinical deficits in Miller Fisher syndrome have now been matched by the findings of antibodies to ganglioside GQ1b.

Maybe these recent observations, still in press while Parry’s book was being written, will eventually justify my own emphasis on pathology and pathogenesis, here dealt with in an eloquent but brief chapter by Pollard. In the meantime I recommend Parry’s book as the shortest and most up to date monograph on clinical aspects of Guillain-Barré syndrome.

RAC HUGHES


Not so long ago, within the professional life span of many physicians, elderly individuals who were losing their memory, their concern neurologists little if at all. Like the laity, they attributed the condition to the inevitable effects of ageing, and the brain strongly to hardening of the arteries. Even after Alois Alzheimer described the unique pathology of presenile dementia, it evinced little interest amongst neurologists because the disease was essentially geriatric and incurable. More recently, the assessment of the mental faculties was not usually an

Guillain-Barré Syndrome.
integral part of the neurologic examination. But all this changed as neurology and neuropathology expanded. It was then realized that there was not one but many diseases that could express themselves as a progressive mental decline, some treatable and even curable. In practice, the definition of these clinical syndromes answered to the criteria of chronicity, progression and the symptoms that were the essence of which was intellectual deterioration. The main problem, as Critchley pointed out in 1938, was the definition of intellectual functions.

Following Spearman and other psychologists, intelligence was found to be multifactorial, comprised minimally of memory, language, reasoning, calculation and visual-spatial orientation. Clinicians learned that each of these functions had its own anatomy and could be lost singly or in various combinations during the course of disease. Moreover, it was ascertained that certain patterns of deficit might be linked to specific areas or in some cases to dietary deficit to vitamin deficiency. Therefore, it is a mark of laxity in thinking to use the term dementia in a generic sense; always there should be a qualifying adjective, e.g. global dementia, amnestic dementia, dyshaptic dementia, etc.

This is a criticism that could be levelled at this monograph—that it tends to lump together all clinical states in which there is some alteration in the impairment of mental function. Only the acute confusional psychoses and deliria are separated. While a common practice in psychiatry, for clinical neurologists this is a step backwards.

From clinical experience most neurologists have come to think of the dementing diseases as being chronic and progressive. Only a relatively small number satisfy these criteria. Yet the subject matter of this monograph includes more than a hundred diseases. The reason for this extreme inclusiveness is that the temporal factor in pathology is disregarded. No importance is attached to the age of onset, the clinical course and outcome as denoting attributes of disease. To include every disease that touches the mind in any way as a dementia, regardless of its temporal profile, is as absurd in this monograph, serves no useful purpose.

Whitehouse is aware of these problems and struggles with matters of definition. The standard criteria of the American Psychiatric Association's Mental and Statistical Manual (DSM III R) are quoted but many neurologists find them inadequate, and the same may be said of the formulations of the special committee on dementia of the National Institute of Neurologic Diseases and Stroke.

Despite the reviewers' criticism of the wide compass of subject material, the main topic of this monograph is Alzheimer's disease and closely related diseases, and the various contributors have covered the subject well. The clinical descriptions are of good quality and the first six chapters on epidemiology, genetics, neuropathology and neuropsychology are informative and up-to-date. Helpful to the readers are accounts not only of the most recent scientific data but also of the methodology by which they were obtained. Even in the later descriptions of vascular, neoplastic, toxic, infectious and demyelinating diseases, which may cause derangements of mind, it is their psychologic aspects which are stressed. This section finishes with a critical assessment of therapies, both for the disease process and some of the unwanted symptoms it produces.

A final section contains comments on the psychological and neuropsychiatric implications of a dementing disease. The role of the physician in helping the family provide humane care is presented well. Wise suggestions are to be found in the pages here.

In general, the book is strongly recommended. It should attract a wide readership from the fields of neurology, psychiatry and the neurosciences. It measures up to the standards set by previous editions of Davis' Contemporary Neurology series.


Currently there is a very strong trend towards minimally invasive forms of surgery. Far from standing aloof from such a movement neurosurgeons can be counted among its earliest pioneers. Since the introduction of stereotactic frames for approaching indirectly remote intracranial targets in humans in 1947 by Spiegel and Wycis in North America and in 1949 by Leksell in Europe there has been a steady improvement in increasingly flexible and precise methods for accessing the brain. This progress has been much aided by the dramatic development of new imaging techniques. Despite the increasingly rapid rate of change in scientific progress this book encapsulates the currently available advances in brain tumour surgery, emphasizing the importance and pitfalls of stereotactic biopsy, CT and MR guided surgery, as well as the role of minimally invasive interstitial radiotherapy and completely non-interventional radiosurgery, the latter both by gamma knife and by modified linear accelerator. However, perhaps the most fascinating contributions are those dealing with the mathematical principles necessary for the pursuit of better three dimensional imaging, and with the awesome prospect in the near future of how much of today's activity will soon be mastered by robots. The promise of holographic imaging, frameless stereotaxy, selective radiosensitizers and robots manipulating increasingly sophisticated endoscopes is exciting indeed.

**SHORT NOTICE**


The excellent Year Book continues with Walter Bradley as its new Neurology editor. He has expanded the format to include three succinct topical review papers. He has co-opted 12 Associate editors to select and provide the brief comments after each paper abstracted. New headings to break up each paper are a new feature: Background, Methods, Findings and Conclusions.

A valuable source of information and further references which is digestible and pleasant to read.