Editorial announcement

The dramatic explosion of information in the neurosciences, both at a basic and clinical level, has led in its wake to the spawning of many new journals in the field, the majority specialist and a few generalist. This inevitably leads any new editor about to take over the reins of a well established journal, with its origins some 75 years ago, to consider where it stands in this changing scene. In any such appraisal there are several criteria which could be used, size of readership, quality of papers, impact factor, and so on. In terms of readership and worldwide dissemination the Journal has over 3300 subscribers, the majority in the United Kingdom, North America, western Europe, and Japan. As only about 500 of these are from personal subscribers it would seem that library subscriptions to the Journal are holding up well, despite the relative erosion of library budgets in many institutions. Because libraries themselves are often reappraising their journal subscriptions, in consultation with their users, this is good news for the Journal.

However, although it is encouraging to learn of the Journal’s widespread availability, the life force of any journal is the quality and relevance of the papers submitted. Despite the increasing number of neuroscience journals, the number of papers submitted has steadily climbed to over 1300 per year, which, as befits the Journal’s title, cover the whole range of clinical neurology, as well as significant contributions in the fields of neurosurgery and neuropsychiatry. Regrettably only a small proportion of these manuscripts is accepted.

Academic staff appraisal, certainly in the United Kingdom and North America, is increasingly based on productivity expressed in terms of grant income and the number and quality of papers published. It is not so much what you write but where it is published, who reads it, and particularly how often it is subsequently quoted. We live in an age of impact factors, citation indices, and other bibliometric measures. On this score JNNP is certainly maintaining its position amongst the other leading half dozen general neurological journals, with an impact factor which has steadily risen over the past 10 years. By all these measures, therefore, JNNP is in a very healthy position, largely due to the efforts of the outgoing editor, Richard Hughes, and his editorial team, who have maintained the high quality of original papers in the Journal, while generating several very popular innovations.

As always, the Journal welcomes papers on all aspects of clinical practice and clinical science in the field of neurology, neurosurgery, neuropsychiatry, and related disciplines. When appropriate we will attempt to expedite publication of important papers as well as commission commentaries to place particular papers in a broader context. Any journal should have its own distinctive style and we would welcome more lively debate in the Journal’s correspondence column.

Although the main role of the Journal is the dissemination of new advances in the clinical neurosciences via original papers, it has an important function in the continuing medical education of its readers. This was recognised by the outgoing editor who commissioned some excellent series on such topics as Neurological emergencies, Neurological investigations, and Neuroepidemiology. The success of these series attests to their vital role in the Journal, and will continue with a series on Neurology and Medicine.

In this educational vein we would welcome more Lessons of the month, and invite neuroscience centres to record and transcribe their Clinicopathological conferences with a view to possible publication. These are an immensely useful and popular form of continuing medical education, which take place regularly in many centres. There is no doubt that as a group of specialists clinical neurologists, neurosurgeons and neuropsychiatrists have a particular fascination for historical aspects of neuroscience and clinical neurology, and we welcome short contributions in this area—does anyone wish to reappraise one of the classic monographs for it’s enduring impact on the practice of neurology?

In his valediction in the last issue Richard Hughes described the impressive number of exciting developments in clinical and basic neuroscience which took place in just the six years of his editorship, a number of which led to important changes in clinical practice. This clearly points to the difficulty we all have in keeping up to date, even more dramatically illustrated by Richard Smith, the editor of our mother journal the British Medical Journal, who recently described how the doubling time of the biomedical knowledge base is about 19 years.’ This leads to the conclusion that during our professional lifetime we will witness a fourfold increase in medical knowledge, and within the field of neuroscience the explosion of knowledge will be even greater. I very much hope that JNNP, by publishing the highest quality papers, editorials, and reviews on as wide a range of topics as possible, will continue to be one of the major sources with which you as a reader attempt to keep pace with these exciting developments.

With my deputy editor, David Perkin, and associate editors, Maria Ron and John Pickard, we look forward to overseeing the future growth of the Journal so that as we move into the 21st century, it not only maintains its position amongst its peer journals, but grows and develops—but more of that another day.

CHRISTOPHER KENNARD

Desirable properties for instruments assessing quality of life: evidence from the PDQ-39

de Boer et al describe the development of a Dutch instrument to measure quality of life in patients with Parkinson's disease. Two important properties that such instruments need to have are not given attention in their study. Questionnaires should produce reproducible data in the sense that they yield the same results from repeated trials under the same conditions and they need to be responsive in the sense that they detect clinically significant changes over time.1

We developed a 39 item questionnaire—the PDQ-39—to assess health-related quality of life in patients with Parkinson's disease. A sample of 223 patients were asked to complete the questionnaire on two occasions three days apart.2 A group of 56 patients were omitted from analysis because of non-reproducibility because they reported that their health changed over this time period. In the remaining 167 stable patients reproducibility for the eight scales of the PDQ-39 was very satisfactory when expressed as correlation coefficients: mobility 0.94, activities of daily living (ADL) 0.93, emotional well-being 0.90, stigma 0.90, social support 0.68, cognitions 0.86, communication 0.86, and bodily discomfort 0.80.

We have now examined responsiveness in a longitudinal study with assessments of 146 patients four months apart. Changes in scores for five of the eight scales showed significant changes with a validated general health status measure, the SF-36,* ranging from 0.21, P < 0.05 for the ADL, scale, to 0.39, P < 0.001 for mobility. In other words, as patients report improvement or deterioration in general health, so these trends are reflected in changes for the PDQ-39. Such preliminary evidence of responsiveness is essential as therapeutic effects of interventions for Parkinson's disease are often small and difficult to detect. The PDQ-39 is being used in appropriate language versions in clinical trials of drugs in several countries and is a primary measure of outcome in a multicentre trial run by Professor Jarman, St Mary's Hospital Medical School, London, to evaluate the Parkinson's disease nurse specialist. By including such measures, evidence will be obtained of outcomes of concern to the patient.

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How far are we in understanding the cause of Parkinson's disease?

The article by Ben-Shlomo is excellent although the issue of prevalence of Parkinson's disease in the black population is only briefly mentioned.1 We have been studying the pattern of parkinsonism in AfroCaribbean and Indian (originating from the Indian subcontinent) subjects living in London and believe parkinsonism may be commoner in these ethnic groups than previously recognised.2 Using a door to door assessment for parkinsonism in one electoral ward in London with a high AfroCaribbean population and reviewing the case files of 150 consecutive patients attending movement disorders and general neurology clinics at King's College, Lewisham and Hammersmith Hospitals we identified 18 cases of parkinsonism in patients of AfroCaribbean and Asian origin.1,3 14 out of 18 (83-3%) cases have non-familial atypical parkinsonism, much higher than an expected 20%–30% in the white population. Our preliminary finding suggests that parkinsonism is probably more common than realised in the AfroCaribbean and Asian populations and these patients may be more susceptible to atypical parkinsonism. The reason for this is unclear and may reflect genetic or environmental factors as has been postulated in relation to the higher incidence of diabetes and ischaemic heart disease in migrant Asian populations in the United Kingdom. Further epidemiological studies on this issue are required.

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1 Ben-Shlomo Y. How far are we in understanding the cause of Parkinson's Disease? J Neurol Neurosurg Psychiatry 1996;61:9-16.


NOTICE

British Neurosurgery Research Group Meeting

The fourth British Neurosurgery Research Group Meeting will be held in Newcastle on 20–21 March 1997. For further information contact: Professor A David Mendelow, Newcastle General Hospital, Regional Neurosciences Centre, Westgate Road, Newcastle-upon-Tyne, NE4 6BE, UK.

BOOK REVIEWS


Primary malignancies of the central nervous system are uncommon, representing only about 1% of all primary cancers. However, for those involved with their management they present fascinating and often frustrating features. There has long been a need for a good reference text on these tumours. This new book, edited by a distinguished American neuro-oncologist, has gathered together a large team of coauthors from many of the main cancer centres in the United States. They have produced a volume which goes a long way to filling that need.

Multiauthorship can result in many problems. This book has avoided most of the traps by assembling teams of surgeons, neuro-oncologists, pathologists, and others who clearly get their contributions together. References are reasonably up to date with some as late as 1994. They are generally comprehensive although omission of some appropriate European references in favour of North American journals is noticeable. However, particular pleasure was given to this reviewer by the inclusion of a long quotation from an article by Hughlings Jackson on a case of midline cerebellar tumours in the British Medical Journal of 1871! The book is structured on the basis of site oriented chapters covering all aspects of the appropriate malignancies. In addition there...